



199 Tunnel Rd
Asheville NC 28805
828 254 4311 **PHONE**
828 258 3970 **FAX**

cx_aatr@countryinns.com **EMAIL**
www.countryinns.com/ashevillenc_tunnel

Dilip Patel, **General Manager**
Susie Conner, **Director of Sales**

DIRECT BILL CREDIT APPLICATION

Legal Business Name _____

Type of Business _____

Business Address _____ City _____ State _____ Zip _____

Business Phone(____) _____ Years in Business _____ Corporation Partnership Proprietorship

Fax Number (____) _____ Email Address _____

Main Contact for your company: _____

Business Bank Reference _____

Address _____ Contact _____

Phone (____) _____ Account # _____

Credit References: Include at least two hotels. Complete information is needed to grant direct bill status.

Company _____ Contact _____

Address _____

Phone (____) _____ Fax (____) _____

Company _____ Contact _____

Address _____

Phone (____) _____ Fax (____) _____

Company _____ Contact _____

Address _____

Phone (____) _____ Fax (____) _____

Direct Bill Form Page 1 of 2

Check which charges the company will pay for:

Room and tax _____
Meeting space _____
Phone _____
Fax _____

EMPLOYEE'S/GUEST STAYING AT THE HOTEL MUST PROVIDE THEIR OWN CREDIT CARD FOR INCIDENTALS AT CHECK IN. IF THEY CAN'T PROVIDE A CC OR SECURITY DEPOSIT THE ROOM'S PHONE WILL BE RESTRICTED TO LOCAL CALLS ONLY & ANY CHARGES OR FINES WILL BILLED TO THE COMPANY.

The undersigned consents to an agreement to pay account balance within 30 days. Any amount past due over 30 days may cause the inability to continue charging to the account until balance is made current. If any guest staying at the hotel through the direct bill with above company cause damage to the hotel room or smoke anywhere in the building which is a \$250 fine and the hotel can't collect this from the guest directly the above company agrees to pay the charges that will be direct billed to them.

Signature: _____ Title: _____ Date: _____

Please fax application to 828.258.3970
Attention: Director of Sales

