



WYNDHAM GRAND ORLANDO RESORT BONNET CREEK

DIRECT BILLING REQUEST

Company, Organization, Individual Responsible for Payment ("Applicant"):

Name: _____ Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Type of Business: _____ Phone: _____ Fax: _____
 Billing Address (if different): _____
 City: _____ State: _____ Zip: _____
 Attention: _____

Hotel Credit References: (References must have date of last stay).

Hotel	Address	Telephone #	Function Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Bank Reference:

Name of Bank: _____ Phone Number: _____
 Branch: _____ Account Number _____
 Contact Name: _____ Contact Phone Number: _____

Name of Person/s Authorized to Approve Direct Billing and Make Reservations:

- _____
- _____
- _____
- _____

Please be advised that only the persons listed above will be accepted as authorized signatures to approve direct billing charges and make direct billing reservations for Banquet or Group billing. It is your company's responsibility to notify the Hotel in writing of any additions or deletions to this list.

Charges Permitted to Be Billed to Company

All Room and Tax Only Room/Tax and Incidentals Function Charges
(Individual Pays Own Incidental Charges)

If you think your organization qualifies for exemption of State Sales Taxes, please attach a copy of the State Tax Exempt Certificate and enter your sales tax exemption number here:

(Note: State of Arizona prohibits any organization or individual to be exempt from hotel occupancy tax)

Terms and Conditions: Applicant agrees that accounts are payable in full upon receipt of invoice or statement. Accounts not paid within 30 days are subject to late charges (1 1/2% per month or the highest rate permitted by law). Applicant agrees a past due account may be submitted "Signature on File" and charged to the individual's credit card, if supplied. Accounts past due over 30 days are subject to suspension of billing privileges until account has been settled. In the event of default in payment, Applicant's entire outstanding balance will become due and payable at the Hotel's option. In the event of default, applicant agrees to pay all cost of collection, including reasonable attorney's fee, whether the balance due on the account be collected or secured by suit or otherwise, and hereby waives all right or rights of exemption as to personal property under the laws of the state where the Hotel is located. If there is a specific conflict between the above terms and conditions and the terms and conditions of any Group Event Agreement, Catering Contract, Banquet Event Order or other similar documents between the Hotel and Applicant, the terms of those agreement shall control.

Please Complete and Return at Least Three Weeks Prior to Arrival.

Signature of Guaranteee:

Only Owner, President, Treasurer, Controller, Managing Member or General Partner, as may be applicable, may sign for Partnerships, Corporations or other Business Organization if they are authorized to do so. It is understood and agreed if this request is approved and services are allowed, charges will be made to my account. Applicant is bound by the terms and conditions listed herein.

Name (Please print) _____ Date _____
 Signature _____ Title _____