



Credit Application for Direct Bill Status - Sandusky, OH
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Credit Terms:

- Credit privileges are granted or approved with the understanding that the amount owed must be paid in full within thirty (30) days of receipt of the invoice or group final statements.
- Any outstanding balance over 30 days will be subject to interest charges and the balance owed being charged to the credit card on file.
- A 2.5% fee will be added and charged to any balance paid by Credit Card
- If the direct bill is not paid in full when due, Client and personal guarantor, if any, agree as follows:
 - (1) to a finance charge of 1½% per month (18.0% per annum), or the maximum allowed by law, whichever is less, on the unpaid balance from the date of original invoice,
 - (2) to pay all costs of collection, including actual attorney's fees, and
 - (3) that Hotel may cancel future event contracts of Client without notice and without penalty.
- Management reserves the right to suspend or revoke billing privileges for noncompliance of the Guarantee Policy, Timely delivery of Rooming Lists, Credit Terms and/or or House Rules.
- Management reserves the right to limit the amount of credit granted or require additional deposits in advance of functions.

Guarantee Policy:

Room Reservations - Reservations for group rooms will be subject to the Kalahari's standard group room cancellation policies and/or to block cancellation or attrition policies as they appear on the sales & catering contract.

Food and Beverage – Canceled or downgraded functions will be subject to the cancellation or attrition policies as they appear on the sales & catering contract and Catering Policies & Procedures.

Full Name of Organization: _____

Federal ID #: _____ **DUNS #:** _____

Billing Address: _____

City, State, Zip: _____

Telephone: _____ **Fax:** _____

E-Mail address: _____

Person Responsible for Payment: _____

Phone Number: _____

Mailing Address (if different): _____

Name of Event/Conference: _____

Day/Date(s) of Event or Conference: _____

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References*:

NOTE: You must supply a minimum of three credit references (preferably Hotels within the last 24 months)

*Required Information in Order to Process Application

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Email: _____

Date of last function: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Email: _____

Date of last function: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Email: _____

Date of last function: _____

Bank References:

Bank Name: _____

Address: _____

Phone #: _____ Fax #: _____

Officer: _____

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Tax Exempt Information

If your organization claims exemption, a copy of the appropriate OHIO exemption certificate and 501(c)3 IRS letter (if out-of-state) must be returned with the application.

Exemption certificates from other states are not valid for exemption from Ohio taxes.

The following information must be completed and signed:

I agree that should our account become thirty (30) days past due, the entire balance (at the sole discretion of hotel management) may be charged to the following credit card:

Card Type: _____

Account #: _____

Expiration Date: _____

Corporation/Organization's Name on Card: _____

Credit Card Holder's Signature: _____

Applications will not be approved without a Credit Card

Any balance charged to a Credit Card will be subject to an additional 2.5% fee

In consideration of the Kalahari Resort & Convention Center providing goods and/or services to this organization on a direct bill basis, I agree that I have read and understand the guarantee policy and credit terms and will comply with them, and that you are authorized to check the above references in light of my request for billing. I further affirm that I have the authority to incur financial obligation on behalf of this organization and I understand that payment of this billing is due within 30 days of presentation of the bill.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Please direct questions and concerns regarding this form to the Kalahari Resort & Convention Center's finance department located at 7000 Kalahari Dr., Sandusky, OH 44870. Phone 419-433-7200, Fax #: 419-433-5077.

BILLING DECISION: Approved _____ % Pre-Pay Required _____ Denied _____

Finance Rep: _____ Date: _____