



To establish a billing account with The National Conference Center, the following information must be completed and returned within a minimum of thirty (30) days prior to the function date. Approval is contingent upon full completion of this document. All invoices are to be paid in full upon receipt. Should the information be incomplete, unconfirmed or insufficient, full payment or partial deposit may be required prior to the function date.

Name of Organization, Association or Company

Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Telephone Number: (____) _____ Contact Name: _____

Invoice Mailing Address

Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Telephone Number: (____) _____ Attention: _____
 Who should we e-mail concerning invoices? Please provide e-mail address: _____

Amount of Credit Requested (estimated program costs): \$ _____

*List the three most recent credit references, preferably other meeting facilities
 (We require references where direct billing had been extended within the past 12 months.)*

Business Name _____ City and State _____	Phone No. (____) _____ Acct Date . (____) _____
Business Name _____ City and State _____	Phone No. (____) _____ Acct Date . (____) _____
Business Name _____ City and State _____	Phone No. (____) _____ Acct Date . (____) _____

Bank Reference

Name _____ Branch Location _____
 City _____ State _____ Zip Code _____
 Bank Contact _____ Account Number _____

Is a purchase order required for our Conference Center to receive payment?
 If yes, please attach executed purchase order YES NO

It is understood that if billing privileges are granted, payment is due immediately upon receipt of invoice. Unpaid balances outstanding 30 days after date of original billing are subject to a late payment fee of 1.5% monthly (annual rate of 18%), or the maximum charges allowable by law. Further, all costs of collection required, including attorney fees, will be added to the account.

It is understood that in case of questions concerning your account, it is your responsibility to contact the National Conference Center Accounts Receivable office to clarify any and all questions concerning the billing and that all undisputed charges on the billing must be paid within stated terms while the National Conference Center Accounts Receivable is resolving your questions.

Your signature below authorizes the Conference Center to verify the above information and your agreement to all terms and conditions outlined on this direct billing document.
 Signature of Individual(s) authorized to approve direct billing or incur charges on behalf of Company/Organization/Association.

 Signature Title Signature Title

For Accounting Use Only

Sales Manager: _____ Conference Planner Manager: _____
 Account # _____ Accounting Approval _____
 03182002