

Direct Billing Application
Accounting Fax: (210) 301-1162

Name of Organization: _____
Billing Address: _____

Attn: _____
Phone: _____

Is your company tax-exempt? Sales Tax _____ State Occupancy Tax _____ City Occupancy Tax _____
If so, please attach a copy of the tax-exempt form.

Credit Card Information:

Credit Card Number: _____ Expiration _____

Cardholder's Name: _____ Signature: _____

LIST HOTEL REFERENCES (The most current)

1. Hotel _____ Phone _____
Address _____
Date of Stay or Function _____

2. Hotel _____ Phone _____
Address _____
Date of Stay or Function _____

3. Hotel _____ Phone _____
Address _____
Date of Stay or Function _____

The undersigned agrees that the above mentioned company or organization shall pay the balance due to Radisson Market Square Hotel upon receipt of the statement. The credit card is for payment guarantee only if payment is not received on the due date. Our terms are net thirty (30) days from the date of the invoice by cash or check. A 1.5% late fee will be incurred on the balance after 30 days and every 30 days thereafter.

Authorized Signature: _____ Title: _____
Date: _____

THIS APPLICATION MUST BE FILLED OUT COMPLETELY IN ORDER TO BE ELIGIBLE FOR BILLING

For Office Use ONLY
Sales/Catering Manager: _____ Date of Function: _____

Estimated Amount of Function: _____ Controller Approval: _____

Radisson Hotel San Antonio Market Square
502 West Durango Boulevard - San Antonio, TX 78207
Telephone: 1-210-224-7155 - Fax 1-210-224-9130
www.radisson.com/sanantoniotx

