



City Centre
Sioux Falls, SD

Sales Person Nicole Peyton
Date of Event
Estimate Amount \$

Credit Application

Company Information:

Billing Information: Same as Company Information

Name _____

Name _____

Street _____

Street _____

City _____ State _____ ZIP _____

City _____ State _____ ZIP _____

Telephone _____

Telephone _____

Type of ownership: Corporation _____ Partnership _____ Individual _____

Social Security Number (if individual account) _____

Date Business Established _____ Type of Business _____

Banks:

Name _____

Name _____

Street _____

Street _____

City _____ State _____ ZIP _____

City _____ State _____ ZIP _____

Telephone _____

Telephone _____

References: (one hotel & one commercial reference)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name of Person(s) authorized to charge:

Please check appropriate boxes for approved charges

	a	b	c	d	e	f	g
1. _____							
2. _____							
3. _____							
4. _____							

- a Room & Tax
- b Meeting Room
- c Food
- d Banquets
- e Phone
- f Beverage
- g Laundry

Would you guarantee payment on company representatives not listed above? yes no

I understand that in accordance with the Holiday Inn City Centre policies, payment in full will be remitted within 30 days following receipt of the first billing statement of any and all incurred charges

Name & Title _____ Signature _____ Date _____

For Hotel use only

General Manager _____ Signature _____ Date _____