

The River Lodge & Grill
COMMERCIAL CREDIT APPLICATION

Name of Business

DBA

Street Address

City, State, Zip Code

Check one of the following: _____ Corporation _____ Partnership _____ Proprietorship _____ Other

Years in Business

Type of Business

COMPANY OFFICERS OR PARTNERS:

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

PERSON TO CONTACT REGARDING THIS ACCOUNT

TELEPHONE

BANK REFERENCE:

NAME

CONTACT

TELEPHONE

CREDIT & HOTEL REFERENCES:

NAME

ADDRESS

TELEPHONE

NAME

ADDRESS

TELEPHONE

NAME

ADDRESS

TELEPHONE

BILLING INSTRUCTIONS:

TYPE OF CHARGES: _____ ROOM ONLY _____ FOOD ONLY _____ BANQUET/MEETING _____ ALL CHARGES

AUTHORIZED INDIVIDUALS:

The above information is for the purpose of obtaining credit and is warranted by applicant to be true. By your signature hereon, The River Lodge & Grill is authorized to conduct whatever credit investigation it deems necessary, including personal credit history, to determine applicant's credit and financial responsibility.

AUTHORIZED SIGNATURE OF APPLICANT

DATE

FOR CREDIT DEPARTMENT USE ONLY

_____ APPROVED

_____ DECLINED

By: _____

Account Number _____ Credit Limit _____