

**Credit Application**

DEADLINE: November 12, 2021

**Company Name:** \_\_\_\_\_ **Duns #:** \_\_\_\_\_**Billing Info:** \_\_\_\_\_ Dept. # (if applicable): \_\_\_\_\_Billing Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip Code)

Billing Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Billing Phone #: \_\_\_\_\_ Billing Fax #: \_\_\_\_\_

Billing email address: \_\_\_\_\_

**Special Billing Provisions:** (Please check the appropriate box)

All Charges Allowed: \_\_\_\_\_ Room, Tax &amp; Food: \_\_\_\_\_ Room &amp; Tax Only: \_\_\_\_\_

Tax-Exempt: \_\_\_\_\_ (You must provide tax exempt certificate with application)

P.O. Required \_\_\_\_\_ (If yes, provide details) Special Requirements: \_\_\_\_\_

Request perpetual credit (one year): \_\_\_\_\_ Request one-time credit (special event) \_\_\_\_\_

Advance Deposit Required?: \_\_\_\_\_ Advance Deposit Amount Requested: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

**Bank Reference:**

Bank Name: \_\_\_\_\_ Bank Acct #: \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Bank Phone #: \_\_\_\_\_

Bank Fax: \_\_\_\_\_ Bank Contact email: \_\_\_\_\_

**Credit References:**

1. Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

2. Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

3. Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Payment Terms:** \_\_\_\_\_

Each folio generates an invoice. All charges due upon receipt of invoice. Delinquent payments subject to finance charges after thirty (30) days from invoice date at the rate of eighteen percent (18%) compounded (subject to local and state laws). Failure to make payment will result in legal action and applicant agrees to pay all collection costs, legal, and court costs of Schulte Hospitality Group, Inc and the respective hotel(s) for which this credit is being granted. Bad checks will be charged a fee of \$45 plus collection costs.

**Estimated Annual Billing Amount for Your Event:** \$ \_\_\_\_\_

**DIRECT BILLING STATUS REQUIRES A MINIMUM OF \$10,000 IN ANNUAL**

I authorize the above listed references to release our credit and payment information to Schulte Hospitality Group, Inc. or it's duly appointed agent.

**Authorized signature:** (must be officer of company)

Name: \_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Date: \_\_\_\_\_

Sales Manager: \_\_\_\_\_

**Corporate Office Use Only:** Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Reason: \_\_\_\_\_

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