

Credit Application

DEADLINE: November 13, 2023

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 & Food: _____ Room & 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: _____

RENAISSANCE ST. LOUIS AIRPORT HOTEL
9801 NATURAL BRIDGE RD.
ST. LOUIS, MO 63134
PHONE: (314) 429 – 1100
FAX: (314) 890 – 3102
RENAISSANCEHOTELS.COM/STLSA

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