

## Request for Direct Company Billing

*To arrange Direct company Billing with The Erwin Motel, please complete this form and return to us via fax or mail. We will review and contact you. Should you have any questions please feel free to contact us.*

**The Erwin Motel**  
**806 Addison Road Painted**  
**Post, NY 14870**  
**Phone 607-962-7411**  
**Fax 607-962-6373**  
info@erwin-motel.com

Today's Date:

**1) Company Information:** [\* Required]

Billing Contact First Name\* \_\_\_\_\_

Billing Contact Last Name\* \_\_\_\_\_

Billing Contact Title\* \_\_\_\_\_

Billing Contact Phone Number\* ( \_\_\_\_\_ ) \_\_\_\_\_ x \_\_\_\_\_

Billing Contact Fax Number\* ( \_\_\_\_\_ ) \_\_\_\_\_ x \_\_\_\_\_

Billing Contact Email address \_\_\_\_\_

Company Name\* \_\_\_\_\_

Co. Mailing Street Address\* \_\_\_\_\_

\_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_

Zip\* \_\_\_\_\_ Country \_\_\_\_\_

Main Company Phone Number\* ( \_\_\_\_\_ ) \_\_\_\_\_ x \_\_\_\_\_

Alternate Contact Person Name \_\_\_\_\_

Alternate Contact's Title \_\_\_\_\_

Company website address www. \_\_\_\_\_

2) Additional Billing and Reference Information:

How long have you been in business? \* \_\_\_\_\_

Please provide a business reference (a current vendor or other) -:

Reference Business Name1: \_\_\_\_\_

Reference Contact Name\* \_\_\_\_\_

Reference Contact Phone Number \* ( \_\_\_\_ ) \_\_\_\_\_

How do you prefer to receive invoices? (mail, fax, email)

*Direct Company Payment Terms are net 30 days*

3) Employee information:

Has anyone from your Company stayed at The Erwin Motel before? (Yes / No):

If so, When? \_\_\_\_\_

\_\_\_\_\_

Please list the names of your employees for whom we may direct bill to you:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know?

4) We'd like to know:

How do you hear of us?

What brings your staff to our area?

=====

FOR OFFICE USE ONLY:

Date received: \_\_\_\_\_ Rc: \_\_\_\_\_

Invoice: \_\_\_\_\_ Company ref number: \_\_\_\_\_