



Direct Bill Application

Complete this application in full (2 pages). Please print or type responses. An authorized company representative must sign it. ***Incomplete applications will not be processed.*** You will be notified when your account is approved and an account number is established.

Name of Company or Association: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Billing Address (if different from above address): _____

City: _____ State: _____ Zip Code: _____

Owner's Social Security No. or Tax I.D. Number: _____

Accounts Payable Contact Name: _____

Direct Phone number: _____

Email address: _____

Some invoices may be emailed to your company.

Are purchase order numbers required for billing? Yes No

Will your company be requesting room and/or sales tax exemption status? Yes No

Expected use of Direct Bill privileges:

- | | | |
|---|--|---|
| <input type="checkbox"/> Banquet/ Meeting Room | <input type="checkbox"/> Catering Services | <input type="checkbox"/> Showroom Tickets |
| <input type="checkbox"/> Hotel Rooms/ Tax & Incidentals | <input type="checkbox"/> Hotel Rooms/ Tax & Meals only | |
| <input type="checkbox"/> Hotel Rooms/Tax only | <input type="checkbox"/> Hotel Restaurants | |

TERMS AND CONDITIONS

Eldorado's terms are **NET 30**. The undersigned authorized representative agrees that the company or organization he/she represents guarantees any charges made as a result of the Application for Credit and to make payment upon receipt of statement. A late charge of 1.5% per month may be charged on past due balances.. In the event the account becomes delinquent after receipt of statement, the company or organization agrees to pay reasonable collection costs, attorney's fees and court costs if necessary to collect amounts due. **Consistently delinquent accounts will be closed.**

Print Name of Authorized Representative: _____

Signature of Authorized Representative: _____

Date: _____

CREDIT REFERENCES

Be certain that your reference agrees to give you a credit reference. Eldorado Hotel/Casino does not pay for any reference fees including Dunn & Bradstreet references. Give **only** names of those you **currently** buy from on open account. If you give another hotel as a reference, please include dates of function or stay. **All credit references are done via phone or fax.** It is important you include those numbers for each.

BANK REFERENCE:

Name of Bank: _____ Account #: _____

Address: _____

Date Account Opened: _____ Phone No, _____

HOTEL REFERENCE:

(1) Hotel Name: _____ Date of Function _____

City/State: _____ Phone No. _____

Accounting Fax No. _____

HOTEL REFERENCE:

(2) Hotel Name: _____ Date of Function _____

City/State: _____ Phone No. _____

Accounting Fax No. _____

TRADE REFERENCE:

(1) Name: _____ Account No. _____

City/State: _____ Phone No. _____

Accounting Fax No. _____

TRADE REFERENCE:

(2) Name: _____ Account No. _____

City/State: _____ Phone No. _____

Accounting Fax No. _____

TRADE REFERENCE:

(3) Name: _____ Account No. _____

City/State: _____ Phone No. _____

Accounting Fax No. _____



New Account Notification

Welcome to the Eldorado Hotel & Casino! Please review all the information below and notify us of any inaccuracies or changes. We look forward to serving you.

Account No. _____

Name of Company: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Billing Email Address: _____

Accounts Payable Contact: _____

Contact No. _____ Fax No: _____

Your Eldorado billing contact person is:

- Irene Dominguez Extention # 7325
- Debbie McCall Extention # 7321

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Special Billing Instructions: _____
