1250 Jordan Creek Parkway
West Des Moines, Iowa 50266
Phone: (515) 267-1500
Fax: (515) 267-8444

Marriott
HOTELS*RESORTS*SUITES

West Des Moines

NOTIFICATION FOR DIRECT BILLING

Name of Business or Association_____

Name of Authorized Representative_____

Billing Address_____

Attention of _____**Phone #**_____

_____

Bank References

Name of Bank_____**Account #**_____

Guarantee/Charge to Credit Card #_____

Authorized Signature_____

Hotel References

Hotel_____ **Hotel**_____ **Hotel**_____

Address_____ **Address**_____ **Address**_____

Phone_____ **Phone**_____ **Phone**_____

Is your group exempt from state sales tax? _____**Yes** _____**No**
If yes, please attach a copy of the exemption certificate.

Note: The undersigned agrees to make immediate payment upon receipt of statement. In the event such a payment is not made within 25 days after receipt of the original statement, it is agreed that the hotel may immediately impose a LATE PAYMENT CHARGE at the rate of 1.5% per month (18% Annual Rate), or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fee. Additionally, future requests for Direct Billing may be denied.

I hereby authorize the West Des Moines Marriott to verify the above information.

Name_____**Title**_____

Date_____

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