

APPLICATION FOR CREDIT ACCOUNT

Please refer to the Park Hill Place Conference Facilities Services, Rates & Policies which is a part of the Application for Credit Account

DATE: _____

NAME OF APPLICANT:

_____ (Legal Name of Individual or Business Entity including any d/b/a or fictitious name(s))

SOLE PROPRIETOR PARTNERSHIP CORPORATION State of Filing.: _____ Date Filed: _____

Is d/b/a name registered as a "Fictitious" Name? _____ If yes, where: _____
(city, county, state)

Street Address, City, State & Zip: _____

Business Phone: _____ Emergency Phone: _____ Fax : _____

Email: _____ Nature of Business: _____

Mailing Address, City, State, Zip: _____

Federal ID #: _____ Email Address: _____

Did/Does this business operate under any other name? _____

If Yes, list complete name(s): _____ Type of Entity: _____

Parent Company: _____

Address: _____ Legal Name _____ Incorp./LLP/LLC _____ State of Filing _____
Telephone: _____

OWNER - PARTNER - STOCKHOLDER - List Title, Legal Name, Home Street Address, City, State & Zip, Driver's License No., State of Issue & Date of Expiration, Home Telephone No., And Cell/Other Telephone No. (Attach a separate Sheet of paper if needed - Please provide complete information)

Title	Name	Address	City	State	Zip	Driver's Lic #
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Has the business or any owner, principal, officer or stockholder been sued or filed bankruptcy? _____ If Yes, please explain: _____

_____ (Attach separate sheet of paper if necessary for complete explanation)

Applicant acknowledges receipt of, and is in agreement with, the "Park Hill Place Conference Facilities, Services, Rates and Policies" information which identifies the rental procedures, rental rates, payment terms and cancellation policy for conference room rentals, and other related services provided by our company.

_____ Date

_____ Authorized Signature for Applicant

_____ Printed Name and Title of Applicant



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