

# Treetops Resort Master Account Billing Application

Please complete Both Section I and Section II

## **Section I**

Name of Organization: \_\_\_\_\_

Name and title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Is the Organization Tax Exempt?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, please attach Tax Exempt form when returning contract)

Specify how the following are to be billed:

<b><u>Description</u></b>	Master	Individual	<b><u>Description</u></b>	Master	Individual
Room & Tax	_____	_____	dining on own	_____	_____
Beverage (Liquor)	_____	_____	Planned F & B	_____	_____
Sports & Recreation	_____	_____	Bell/Maid Gratuity	_____	_____
Airport Transportation	_____	_____	Phone Calls	_____	_____
Retail Purchases	_____	_____	Long Distance calls	_____	_____
Meeting Room rental	_____	_____	Business Services	_____	_____

If you wish your charges to be posted to a credit card, please provide the following information:

Credit card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card holder's name \_\_\_\_\_ Signature \_\_\_\_\_

Security Code listed on the card \_\_\_\_\_

## **Bank References:**

Name of Bank \_\_\_\_\_ Account No. \_\_\_\_\_

Name on account: \_\_\_\_\_ Address of bank: \_\_\_\_\_

Phone number: \_\_\_\_\_ Average balance: \_\_\_\_\_

Bank officer and title:  
\_\_\_\_\_

**Section II**

List the most recent hotel references:

1. Name of Hotel \_\_\_\_\_ Phone \_\_\_\_\_  
City/State \_\_\_\_\_  
Dates of Event \_\_\_\_\_

2. Name of Hotel \_\_\_\_\_ Phone \_\_\_\_\_  
City/State \_\_\_\_\_  
Dates of Event \_\_\_\_\_

3. Name of Hotel \_\_\_\_\_ Phone \_\_\_\_\_  
City/State \_\_\_\_\_  
Dates of Event \_\_\_\_\_

The undersigned agrees that the above-mentioned company or organization shall pay the balance due to Treetops Resort upon receipt of the invoice. Accounts are subject to a 1.5% interest if the balance remains unpaid. This information shall remain active for two years.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



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