

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:

<u>Description</u>	Master	Individual	<u>Description</u>	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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