



Hilton
New Orleans Riverside

Request for Billing Application

2 Poydras Street
New Orleans, La 70140
Ph: 504-561-0500
Fx: 504-556-3788

(Incomplete information may result in lack of approval)

A Group / Meeting Name: _____		Event Date(s): _____
Address: _____		Email: _____
City/State/Zip: _____		Fax#: _____
Main Contact: _____		Phone#: _____
Onsite Contact: _____		Cell #: _____
City Wide Convention or Group Affiliation: _____		SRP: _____

B Please select charges that you would like applied to your billing account or credit card.		
Sleeping Rooms	Meeting Rooms	Hospitality Suites
<input type="checkbox"/> Room & Tax Only (attach rooming list w/dates)	<input type="checkbox"/> Room Rental	<input type="checkbox"/> Room & Tax (attach rooming list w/dates)
<input type="checkbox"/> Room, Tax & Incidentals (attach rm. list w/dates)	<input type="checkbox"/> Catering / Banquet	<input type="checkbox"/> Room, Tax & Incidentals (attach rm. list w/dates)
How many rooms? _____	<input type="checkbox"/> AV	<input type="checkbox"/> Catering
Total estimated charges \$ _____	<input type="checkbox"/> Internet, phones, misc. etc	<input type="checkbox"/> AV
	Number of events: _____	<input type="checkbox"/> Internet, phones, misc. etc.
	Total Estimated Charges \$ _____	Number of events: _____
		Total estimated charges \$ _____

PLEASE CHOOSE BOX C (BILLING) OR BOX D (CREDIT CARD) AS YOUR PREFERRED METHOD OF PAYMENT.
If You Are Not Approved For In House Billing, Your Credit Card Will Be Charged Within 30 Days Of Invoicing.
(A minimum of six (6) weeks is required for Direct Bill Approval)

C <u>Past Hotel Credit References</u> (minimum of 3 references)		
Must include both Month/Year within last two (2) years. <i>(Trade or Bank references are <u>not</u> acceptable)</i>		
Hotel: _____	Hotel: _____	Hotel: _____
City/State: _____	City/State: _____	City/State: _____
Month/Year: _____	Month/Year: _____	Month/Year: _____
Phone #: _____	Phone #: _____	Phone #: _____
As an official representative of the above company/ association, I authorize the Hilton to verify my past history. I understand that this application must be properly completed and returned to the hotel's Credit Office or primary Hotel Representative at least SIX (6) WEEKS prior to arrival or function date(s), otherwise the Credit Office reserves the right to request Full Payment either in advance or upon arrival.		

D <u>Please Charge the Credit Card Number Listed Below</u>		
Card Type: _____	Card Number: _____	Expiration Date: _____
Card Holder Name: _____	Card Holder's Signature: _____	
Is this a US Account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please apply a deposit of \$ _____ to the above credit card		

E Authorized by (printed): _____	Official title: _____
Signature: _____	Date: _____

F Sales Manager: _____
Meetings & Conventions Manager: _____
Catering Manager: _____
Hospitality Manager: _____

<i>For Office Use Only</i>	
M/A #	_____
D/B	_____
Other	_____
A/D	_____
Approved by:	_____
Date:	_____

All Requests are subject to the approval of the HNOR Credit Manager