



Direct Billing Application

Customer Information:

| | |
|---------------------------|-------------------------------|
| Name of Organization: | Projected Annual Room Nights: |
| Address: | Projected Meeting Room Usage: |
| Telephone: | |
| Contact (s) for payments: | |

Business and Financial Information:

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|--|
| Year Business Started: |
| Year Present Ownership started (if different): |
| Name of Financial Institution and Account #: |
| Address: |
| City/Province: |
| Postal Code: |
| Telephone: |

Current Credit References:

| Company Name | Address | City/Province/Postal Code | Fax/Email |
|--------------|---------|---------------------------|-----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

I warrant and confirm that the information herein is correct and true. By applying for a billing account the signature below authorizes Ottawa Conference and Event Centre, to obtain any credit information. I also understand that payment terms are net 30 days and a 2 % monthly finance charge will be applied for any unpaid balance of the accounts.

Authorized Signing Officer

Print Name and Title

Ottawa Conference and Event Centre – Office Use Only
Date Received: _____ Credit Check Done: _____