



5940 BLACKFOOT TRAIL S.E. CALGARY, AB T2H 2B5
PHONE: (403) 252-2253 FAX: (403) 259-1710 OR (403) 255-8208(ACCT)

BILLING INFORMATION

Company Name: _____
Billing Address: _____
City, Prov: _____ Tel No.: _____
Postal Code: _____ Fax No: _____

Statements will be mailed to above address unless otherwise specified

Nature of Business: _____
Principals of Co: _____ Title: _____
_____ Title: _____
Company Bank _____ Branch: _____
Account No. _____ Phone: _____
Company Booking Rep _____ Title: _____

Indicate conditions of credit desired:

- All charges allowed
- Guest Rooms/Tax only
- Banquets/Meetings only
- Restaurant Charges
- Incidentals
- P.O. Required
- All personnel may charge
- Other (specify)
- Advance approval required by

Name for authorization

Credit References:

1. Name _____
Address _____

Phone () _____
Fax () _____
2. Name _____
Address _____

Phone () _____
Fax () _____

Please note: All accounts are due and payable net 30 days.

SUBSIDIARY COMPANIES ALLOWED TO BILL ON THIS ACCOUNT

NAME	ADDRESS	TELEPHONE NO
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorized Signature _____ Date _____

Name _____ Title _____

Please print

FOR OFFICE USE ONLY

APPROVED BY _____ CONTROLLER _____ GM
DATE: _____ AR CODE _____