

MO State Thespians Hotel Reservations Request

Capitol Plaza Hotel
415 W. McCarty Street
Jefferson City, MO 65101
Group Rooms Coordinator: Candy Nilges (573) 638-2306

September 7 & 8, 2018

Name of School:
Name of Advisor/Contact Person:
Mailing Address:
Email Address:
Phone Number:
Payment Method (Direct Bill, Credit Card or School Check). See attached direct bill application and credit card authorization form. The form will need to be returned to the hotel prior to arrival. Please provide a copy of your tax exempt letter.
Estimated Time of Arrival:

Return page 1 & 2 by August 24th to Candy Nilges.

Email: candy.nilges@atriumhospitality.com or fax (573) 635-4565.

See page 2 for rooming list.

Rate for a standard room (with tax exempt letter) is \$84.53

Rate for a Suite (with tax exempt letter) is \$116.63

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Room #	Name of all guests in the room	Check-in date:	Check-out date:	Requested room type (King or Double)	Special requests/notes. <i>Please note which room(s) will have an advisor.</i>
Room 1					
Room 2					
Room 3					
Room 4					
Room 5					
Room 6					
Room 7					
Room 8					
Room 9					
Room 10					

Return Page 1&2 by August 24th to Candy Nilges.

Email: candy.nilges@atriumhospitality.com or fax (573) 635-4565.



Atrium Hospitality Direct Bill Application

BUSINESS CONTACT INFORMATION

PAGE 1 OF 2

Date of Function		Amount of Credit Requested \$	
Company name		Sales Manager:	
Name of Owner(s) or Executive Officer		Contact Name or Person to Approve Payment	
Phone		Phone	
E-mail		E-mail	
Corporate Address City, State ZIP Code		Billing Address City, State ZIP Code	
Year Established		Type of Company:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____
FED ID Number			
Application Type	<input type="checkbox"/> New <input type="checkbox"/> Updated		
Type of Function:	<input type="checkbox"/> Event <input type="checkbox"/> Rooms <input type="checkbox"/> Other		
Name of person Authorized to Charge & Title			Indicate Charges to be Billed: <input type="checkbox"/> All Charges <input type="checkbox"/> Room & Tax <input type="checkbox"/> Meeting Room <input type="checkbox"/> Food <input type="checkbox"/> Banquet <input type="checkbox"/> Other _____
Name of person Authorized to Charge & Title			
Name of person Authorized to Charge & Title			
Name of person Authorized to Charge & Title			

BANKING AND CREDIT INFORMATION

Bank name:		Account Number	
Street Address		Number of UCC Filings-	
City, State, ZIP Code		Secured Party	
Phone		Secured Party	

HOTEL TRADE REFERENCES

Hotel name		Phone	
Address		E-mail	
City / State / ZIP Code			
Event or Relationship		Date of Function	
Hotel name		Phone	
Address		E-mail	
City / State / ZIP Code			
Event or Relationship		Date of Function	
Hotel name		Phone	
Address		E-mail	
City / State / ZIP Code			
Event or Relationship		Date of Function	

1. All invoices are due upon receipt.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you hereby authorize HOTEL CREDIT EXCHANGE to make inquiries into the banking and business/trade references that you have supplied, you hereby authorize and direct that an investigation be made of references and agree to hold HOTEL CREDIT EXCHANGE harmless from any action arising out of the legitimate and proper conduct of those investigations concerning Business/Trade references and Business and Credit Information.
4. Failure to satisfactorily comply with the terms of payment may result in suspension of Direct Billing privileges until account is made current.
5. The person signing individually at the place below guarantees payment of this account. All signatories consent to jurisdiction in the location of hotel's request in the event a lawsuit is filed concerning this agreement and application of credit. In the event the company defaults, company and guarantor agree to pay hotel's reasonable attorney's fees on this account.
6. By signing this application, the hotel does not authorize acceptance of Direct Billing. We will notify you upon acceptance.

SIGNATURES

Signature	
Name and Title	
Date	

APPROVAL (HOTEL USE ONLY)

Signature	
Name and Title	
Date	
Credit Limit \$	
Account #	



CREDIT CARD AUTHORIZATION
FOR
Capitol Plaza Hotel
415 W. McCarty St. Jefferson City, MO 65101
Phone (573) 635-1234, Fax (573) 635-6843

HOTEL USE ONLY

Please bill credit card for final payment on

____/____/____
in the amount of

\$ _____
Banquet

©

GUEST/GROUP/COMPANY NAME: _____

ARRIVAL DATE: _____ **DEPARTURE DATE:** _____

I, _____ request that the below credit card be used for the stated function (s) or guest room (s) to be held at the **Capitol Plaza Hotel**. I state that I am the primary card holder or an authorized for the credit card account, and will pay all charges incurred as agreed upon.

Please note: If you are providing us with a debit card, our credit card authorization system captures these funds automatically-taking the money out of the bank account. The credit will be posted to your hotel account immediately, but if you eventually pay by another method, your bank may take up to 10 days to reverse this original charge and credit the bank account. By signing below, you are authorizing this procedure.

I am providing the credit card information for the following:

_____ For deposit in the amount of \$ _____ to be applied to the above event(s).

_____ For payments in full for the above events not to exceed \$ _____.

_____ For guaranty in the event that all fees not paid in accordance with direct bill terms.

Please charge the credit card for:

_____ Guest Room & Tax

_____ Parking

_____ Incidentals

_____ Meeting Room Rental

_____ Meeting Food & Beverage

_____ Other (Please notate)

Type of Credit Card _____ Today's Date _____

Name on Card (Please Print) _____

Last 4 Digits of Credit Card Number (full number will be requested via phone) _____ Exp. _____

Authorized Signature _____ Contact Ph# _____

Name of person(s) authorized to sign for the above charges on the day of event, if different from signatory:

THIS FORM MUST BE STORED IN A SECURED AND LOCKED AREA.