



Baymont Inn & Suites of Manchester, CT

20 Taylor Street, Manchester CT 06042

(860) 643-5645, Fax (860) 643-1897

WWW.BAYMONTCT.COM

Manchester Conference Center

Direct Bill Request Form

Today's Date _____

Company _____ Address _____

City: _____ State _____ Zip Code _____

Telephone Number _____ Contact _____

Subsidiary/Division of _____

Billing Address _____

Company Credit Card # _____ Type _____ Expiration Date _____

Cardholder's Name _____ Relation to Business _____

Previous date your company has done business with Manchester Conference Center _____

Bank Name _____

Address _____

City _____

State _____ Zip _____

Phone Number _____

Checking Account Number _____

(Hotel use only)

Opening Date: _____

Average Balance: _____

Rating with hotel: _____

Account #: _____

Routing # _____

Hospitality Trade-(preferably other local hotel properties) Date account opened _____ By whom _____

Reference: _____

Address: _____

Telephone: _____

Checkout Date: _____

High Amount _____

Terms _____

Balance _____

Date of Balance _____

Hospitality Trade (preferably other local hotel properties) Date account opened _____ By whom _____

Reference _____

Address _____

Telephone _____

Checkout Date _____

Arrival Date _____

High Amount _____

Terms _____

Balance _____

Date of Balance _____

Departure Date _____

Estimated Amount \$ _____ Room Tax \$ _____ Incidentals \$ _____

As an authorized agent of your company, your signature below provides acknowledgment that your company will pay all charges (including damages and incidentals) reflected on all invoices upon receipt. (No pets/Non-smoking/No parties)

Signature, Name & Title: _____

Date: _____

GM approval: _____

Date: _____