



Application for Credit

This form is required in order to extend credit to you or your organization. It must be filled out completely and legibly.

Terms & Conditions

Parties hereby agree that all purchases made are subject to the following terms and conditions:

1. The enclosed information is for the purpose of obtaining credit and is warranted to be true. We hereby authorize The Lodge at Deadwood to investigate the references listed pertaining to my/our credit and financial responsibility. The undersigned further warrants his/her authority to enter into this application on behalf of his/her company/organization. The Lodge at Deadwood is authorized to obtain and use credit information needed to attempt to secure approval of this application and to provide information about the company/organization's credit history at The Lodge at Deadwood to others.
2. The undersigned Purchaser agrees that invoices provided represent the billing document. Payment terms are due 30 days from the date the invoice is received. The Purchaser is responsible to mail or deliver payment for invoices.
3. The Purchaser agrees to pay a service charge of \$50 for all checks returned by the Purchaser's bank.
4. Purchaser agrees, in the event that the account becomes delinquent and is turned over for collection, to pay the sum of the outstanding balance due on the Purchaser's account and for reasonable legal and/or collection fees plus all other reasonable expenses incurred in exercising any other rights or remedies upon default.
5. Purchaser agrees to notify The Lodge at Deadwood by certified mail of any change in ownership of the Purchaser and further agrees to be liable for any purchases should the undersigned fail to comply with such notification.
6. Reservations must be cancelled **before 6:00pm one day prior to arrival** (excludes special events) to avoid full payment of guaranteed reservations.

General Information and Billing Address

Company Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
Email: _____ Fax: _____

Banking Information

Bank Name: _____ Credit Card Type: _____ Credit Card # _____ exp. _____
Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____

Hotel Reference

Hotel Name: _____ Contact: _____ Phone: _____

Tax Exempt Information

**All taxes will be applied to your bill unless proper tax exempt documentation is received. Companies/Organizations that are exempt are required to provide their tax exemption number along with an S-211 form before processing this application.

Tax Exempt: _____

Company Will Pay:

Room and Tax

Food and Beverage

Incidental Charges

Print Name: _____

Title: _____

Signature: _____

Date: _____