



3493 Lamar Avenue
 Memphis, Tennessee 38118
 Fax 1-901-367-4412

NEW ACCOUNT PROFILE

Please complete each section, print out, and sign at the bottom. To ensure accuracy, please do not use abbreviations.

1. Bill To Address

Account Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip + 4 _____

Phone Number _____ Fax Number _____

Contact's Name _____ Contact's E-mail Address _____

2. Ship To Address

Account Name *(Complete only if different than Bill To Address)* _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip + 4 _____

Phone Number _____ Fax Number _____

Contact's Name _____ Contact's E-mail Address _____

3. Hotel Information

Franchise Company Owned Independent*

Chain Affiliation _____

Brand _____

Property ID/Inn Code _____ Number of Rooms _____

General Manager's Name _____ Property's E-Mail Address _____

Web Site Address _____

Restaurant: (None, Owned or Leased) _____

Restaurant's Name: _____

4. Ownership Information

Legal Name of Owner _____

Title _____ EIN OR SS# _____

Address _____

City _____ State _____ Zip + 4 _____

Phone Number _____ Fax Number _____

Contact's Name _____ Contact's E-mail Address _____

Type of Organization
(Corporation, Partnership, Limited Partnership, or Proprietorship)

5. Management Company Information

Managed by: **Owner** or **Management Company**

(If Management Company, complete below)

Address 1 _____

Address 2 _____

City _____ State _____ Zip + 4 _____

Phone Number _____ Fax Number _____

Contact's Name _____ Contact's E-mail Address _____

5. Management Company Information

Place "X" beside choice

_____ Cash Sale Preference

_____ \$1,500 Preferred Customer Instant Credit Line*

_____ Brand Conversion

_____ Change in Ownership

_____ Previous Account Number:----->

_____ Other: (Please explain in box below)

I/We, the applicant, authorize the creditor to perform customary credit inquiries to the references given and also credit clearing houses in order to establish an open account for us. I/We agree to pay interest on past-due balances and also agree to pay all costs of court and reasonable attorney fees, if it becomes necessary for collection due to nonpayment terms granted. Payment of invoices is due within 30 days of invoice date. NOTE: I will notify AS Hospitality of new ownership change.

Applicants Signature: _____ Date: _____

Printed Name: _____ Title: _____

Account Name (From "Bill To Address" on Sheet 1):

Food & Beverage Services

1
Company's Name
Address 1
Address 2
City State Zip + 4
Phone Number Fax Number
Account Number Contact's E-mail Address

2
Company's Name
Address 1
Address 2
City State Zip + 4
Phone Number Fax Number
Account Number Contact's E-mail Address

Laundry, Service and/or Janitorial Maintenance Supplier

3
Company's Name
Address 1
Address 2
City State Zip + 4
Phone Number Fax Number
Account Number Contact's E-mail Address

4
Company's Name
Address 1
Address 2
City State Zip + 4
Phone Number Fax Number
Account Number Contact's E-mail Address

Other Suppliers

5
Company's Name
Address 1
Address 2
City State Zip + 4
Phone Number Fax Number
Account Number Contact's E-mail Address

6
Company's Name
Address 1
Address 2
City State Zip + 4
Phone Number Fax Number
Account Number Contact's E-mail Address

7
Company's Name
Address 1
Address 2
City State Zip + 4
Phone Number Fax Number
Account Number Contact's E-mail Address

8
Company's Name
Address 1
Address 2
City State Zip + 4
Phone Number Fax Number
Account Number Contact's E-mail Address