



**BOCA RATON RESORT**  
 THE WALDORF ASTORIA COLLECTION

**HOTEL NAME:** BOCA RATON RESORT & COUNTRY CLUB  
**ADDRESS:** 501 E. Camino Real  
**CITY ST ZIP:** Boca Raton, FL. 33432

**CONTACT:** Alina Roibu  
**PHONE #:** 561-447-3133  
**FAX #:** 561-447-5989

**CREDIT APPLICATION-CAGNY EVENT Feb. 15-26, 2012:**

The information on this form should remain confidential.

Name of Company Requesting Direct Billing: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Federal Tax ID Number: \_\_\_\_\_  
 Dun & Bradstreet Number: \_\_\_\_\_ Rating: \_\_\_\_\_ Listed in Name of: \_\_\_\_\_  
 Group Name: \_\_\_\_\_  
 Inclusive Booking Dates: \_\_\_\_\_  
 Group Contact: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**DIRECT BILLING HAS BEEN REQUESTED AS INDICATED:**

- 1. Guestroom Accounts \_\_\_\_\_ All charges for specified guests - Provide List  
 \_\_\_\_\_ Room & Tax only for specified guests - Provide List
- 2. Catering: \_\_\_\_\_ All Catering/Banquet charges
- 3. Miscellaneous \_\_\_\_\_ Provide List

**BANK REFERENCES:**

Bank Name: \_\_\_\_\_ Bank Contact: \_\_\_\_\_  
 Full Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Account #: \_\_\_\_\_

**HOTEL REFERENCES (Most Recent History):**

- 1. Hotel Name: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Full Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 2. Hotel Name: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Full Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 3. Hotel Name: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Full Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**AGREEMENT & RELEASE:**

I (We) agree if credit is extended, to pay the amount due upon receipt of the first statement. In accordance with the Privacy Act, Freedom of Information Act, the Fair Credit Reporting Act, and any similar federal, state or local statutory or common laws or regulations. I (We) expressly authorize the above-named references, any credit reporting agency, any law enforcement agency (federal/state/local) and any person or entity with knowledge of information relevant to this request for credit to release this information to the hotel (together with its owners, partners, subsidiaries and affiliates, and their officers, directors, agents and employees, "Hotel") and Hotel to request, obtain and use such information for the purpose of extending credit. I (We) hereby agree to release, indemnify, defend and hold harmless Hotel and any or all other persons or entities, including without limitation those providing information, from any and all liability, for losses, claims, injuries, liabilities, and damages of whatever kind of nature, whether known or unknown, including without limitation those based upon defamation, invasion of privacy, and rights of publicity and personality, which may at any time arise or accrue to me (us) or my (our) heirs, successors, parents, subsidiaries, assigns, officers, directors, employees, agents or other persons or entities claiming by or through is, on account of provision of such information or reliance on such information or on other information gathered pursuant thereto and hereto. I (We) hereby authorize this Credit Application and release to be shown and delivered to such persons, with a copy of this Credit Application and release to be as valid as the original.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY**

Estimated Amount of Charges - To be completed by Originator -

Rooms: \$ \_\_\_\_\_  
 Catering/Banquet \$ \_\_\_\_\_  
 Meeting Room Rental \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

Credit Approved By: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Credit Limit: \_\_\_\_\_  
 Credit Denied: \_\_\_\_\_  
 Advanced Deposit Required: \_\_\_\_\_