

LOEWS HOTELS & CO

ESTABLISHED 1960

CREDIT APPLICATION

Company Name (legal dba)		Company Address		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other
Primary Contact		Street		
First	Last	City	State Zip	
Is your company exempt from State Sales tax? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please attach a copy of the Certificate of Exemption				

Principles/Corporate Officers		Accounts Payable Contact		Bank Name	Branch
Name	Title	Name	()	()	
				Account Number	Telephone
Name	Title	Telephone		Bank Contact Person	
Name	Title	Email		First	Last
()			Billing Address (if different than above)		Street
Primary Telephone			Street		City, State, Zip
Primary Email			City, State, Zip		Telephone
Business Start date		City, State, Zip		Telephone	

Hotel References for the past 3 years		Hotel References for the past 3 years		Hotel References for the past 3 years	
Name		Name		Name	
City		City		City	
State		State		State	
Date of last event		Date of last event		Date of last event	
Telephone		Telephone		Telephone	

Have you ever had direct bill privileges with another Loews Hotels property?		Maximum credit requested from hotel	Name of Hotel(s) for which credit is being requested
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, which hotel/location		\$	
Date of function			

I hereby authorize and direct that an inquiry be made of the references provided, and agree to absolve any liability on the part of Loews Hotels or its affiliates from any action arising out of legitimate and proper conduct of such credit investigation.

I agree that Loews Hotels, any individual Loews property, or Loews affiliate (collectively and individually referred to as Loews) may obtain information about any firm or group identified herein from banks, credit bureaus and others to determine eligibility for credit, now and from time to time in the future. Loews may share with all Loews properties and affiliates this information and all experience and transactional information regarding credit extensions made to me by Loews.

Should credit be extended, payment is due upon receipt of our invoice. In the event such payment is not made within thirty (30) days after the date of the

original invoice, Loews may impose a late payment charge at the rate of 1.5% per month (annual rate 18%) or the maximum allowed by law on the unpaid balance. Additionally, invoices which remain unpaid beyond our credit terms may ultimately be subject to additional reasonable costs of collection, including attorney fees. Accounts which remain unpaid beyond our billing terms may also result in the cancellation of billing privileges in the future.

I am authorized to obligate the firm or group named in this application to pay for all charges incurred with Loews. Unless otherwise instructed, Loews will send its invoice to the representative of the group who has signed this application. I certify that the above statements and the information provided by me in this credit application are true and correct.

Print Name _____ Signature _____

Title _____ Date _____

For individuals and sole proprietorships only, please also initial below indicating your agreement with the following additional conditions.

If I am an individual or a sole proprietor, a consumer report may be requested in connection with this application and subsequently in connection with any updates or renewals of this credit or any additional extensions of credit which I may request from any Loews' property. If I ask Loews, Loews will tell me whether or not it requested a consumer report and the name and address of any consumer reporting agency from which a report was obtained. I agree and acknowledge that credit is not being requested for personal, family or household purposes.

Initial _____