



APPLICATION FORM FOR CREDIT AND PAYMENT AGREEMENT

Dear Sir / Madam,

in order to give you the opportunity to differ the payment for the services provided by our Hotel, we kindly request you to fill in the following form. Should you need further details and/or information, please contact the Accounting Department. Thanking you for your cooperation we look forward to receiving the form duly filled in.

Name of Company: World Avenues Travel Switzerland

Address of Company: 14, Rue Ferrier, CH-1202 Geneva, Switzerland

VAT N° / TAX Code: VAT No: CHE 109 867 307

(P.IVA and C.F are mandatory for any Italian company and/or Italian guest applying for credit)

Contact's Name and Title: Mr. Tarek Elbially - Contracting Manager

Telephone: +41 225481211 Fax +202 27296771

Email contracting@world-avenues.ch

Type of Business: Travel and Tourism Years in Business: 20

Arrival Date / Event Date: _____

Departure Date / End of Event: _____

Where to send copies of the bills (full address and contact person):

14, Rue Ferrier, CH-1202 Geneva, Switzerland

Mr. Samer Yacoub

accounts@world-avenues.ch

Do you currently have credit facilities with other Four Seasons Hotels? YES / NO

If YES please specify:

Credit Card Type: MasterCard

Credit Card N°: 5582 6530 2062 5027 Credit card for Guarantee only and not to be charged

Credit Card Holder's Name: Gabriella Khalil-Nagy

Credit Card Holder's Signature: Gabriella Khalil-Nagy

Expiry Date: 06/18

(A legible photocopy of the front of the credit card is mandatory to authorize approval)

ESTIMATED CHARGES TO BE BILLED

ROOM:	
ESTIMATED FOOD:	
ESTIMATED BEVERAGE:	
FUNCTION SPACE:	
OTHER (Please specify):	
TOTAL ESTIMATED CHARGES:	
ADVANCE DEPOSIT REQUESTED:	

Four Seasons Hotel Reference (Phone and Function Date):	_____
Trade Reference (Phone and Contact):	_____

The above information is for the purpose of obtaining credit and is warranted to be true. We hereby authorize Regent Property Snc on behalf of the Four Seasons Hotel and Resort to verify the references listed.

Applicant's signature below attests financial responsibility, ability and willingness to pay our invoices in accordance with Four Seasons Hotel payment terms.

Authorized Signature _____ Date: _____

Title: _____

Conditions of Credit:

1. This application does not guarantee the granting of credit facilities. You will be notified, in writing, when credit facilities have been granted;
2. Settlement of accounts is due within 30 days from invoice date;
3. The hotel reserves the right to suspend, without notice, credit facilities when an account becomes overdue;
4. The hotel reserves the right to charge interests
5. The applicant must notify, in writing, on each occasion when they require charges to be settled to their credit account;
6. Signatories on bills will be held jointly and severally liable with anyone to whom the account is rendered for settlement;
7. The hotel reserves the right to limit the amount of credit allowed and to require a deposit or advance payment;
8. Any variation of terms or levels of business credit must be agreed in advance with the hotel's Director of Finance
9. If the credit account is not used for more than 12 months, credit will be subject to the completion of a new application.

For Office use only:

Credit Application Form	Received <input type="checkbox"/>	Accepted <input type="checkbox"/>
Bank Details	Received <input type="checkbox"/>	Accepted <input type="checkbox"/>
Four Seasons Reference	Received <input type="checkbox"/>	Accepted <input type="checkbox"/>
Trade Reference	Received <input type="checkbox"/>	Accepted <input type="checkbox"/>
Credit Check	Received <input type="checkbox"/>	Accepted <input type="checkbox"/>

Recommended Monthly Credit Limited: _____

Accounts Receivable Approval	_____	Date	_____
Financial Controller Approval	_____	Date	_____
General Manager Approval	_____	Date	_____