



REQUEST FOR DIRECT BILLING FOR NACDS
PLEASE FAX TO (561) 650-1884 ATTN: ROGER GAREL
OR EMAIL: Roger.Garel@thebreakers.com

We are requesting a Sponsor Account for the company named below and we would also like to request direct billing privileges for the guest(s) named below.

Company Name: _____ Contact Name: _____

Email: _____

Telephone: _____ Facsimile: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Number: _____ Exp. Date: _____

Type (circle one): Amex Visa MasterCard Discover CVV Code: _____

Card Holder Name: _____ Card Holder Signature: _____

****FULL PAYMENT IS DUE WITHIN 30 DAYS OF RECEIPT OF THE FINAL STATEMENT OF CHARGES. AT THE END OF 30 DAYS, AN INTEREST CHARGE OF ONE AND ONE HALF PERCENT (1-½%) PER MONTH (18% PER ANNUM) WILL BE ASSESSED ON THE UNPAID BALANCE.**

If applicable, list any guest whose room charges should be applied to this account (circle applicable charges):

Guest Name: _____ Dates Authorized: _____
(Room/Tax) (All Charges) (Valet) (Food & Beverage)

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If applicable, list any off property guest(s) who will need charge cards for charging privileges:

Guest Name: _____ Dates Authorized: _____

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