

# Georgia World Congress Center

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone   Fax			
E-mail			
Registered company address City, State ZIP Code			

### BUSINESS AND CREDIT INFORMATION

City, State ZIP Code		Bank name:	
How long at current address?		Primary business address City, State ZIP Code	
Phone/Fax		Phone	
<b>Duns #</b>		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

### BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	

### AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Georgia World Congress Center to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

Please send fully completed credit application to [AccountsReceivable@gwcc.com](mailto:AccountsReceivable@gwcc.com). Incomplete applications will delay the credit process.



# GWCCA Accounting Department Charge Authorization Form

Mail To: Georgia World Congress Center  
Accounting Department  
285 Andrew Young International Blvd. NW  
Atlanta, GA 30313-1591

OR

Fax To: 404-223-4003

Date: \_\_\_\_\_

From: \_\_\_\_\_

Please charge the amount of \$ \_\_\_\_\_ for invoice(s) \_\_\_\_\_

To the credit card circled:      AMX      VISA      MC      DINERS      DISCOVER

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

V-Code: \_\_\_\_\_

(3 digits on back for VISA, MC, Diners, & Discover or 4 digits on front for Amex)

Cardholder's Name: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Event ID \_\_\_\_\_

**This card may be used for any remaining balance.**

This form should be completed in its entirety and returned  
to [accountsreceivable@gwcc.com](mailto:accountsreceivable@gwcc.com)