



P.O. Box 351- W399 Hwy 2 & 41  
 Harris, MI 49845-0351  
 Phone: 800-682-6040  
 Fax (906) 466-2945  
 Reservation Line: 877-ISL-RES5

**Contract for Direct Billing**

Company Name: \_\_\_\_\_

Contact \_\_\_\_\_

Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

(Authorizing Billing)

Address: \_\_\_\_\_

PO #/Credit Card #\*: \_\_\_\_\_

With prior approval, charges can be billed directly to a business.

We are pleased you have chosen to stay with us. This contract covers important information regarding your company's stay at the Island Resort and Casino.

**Please specify who will be responsible for the following charges:**

Guests will pay for:

Company will pay for:

- Room and Tax
- Phone Usage
- Pay-per-view Movies
- Food and Beverages
- Retail Purchases
- Tangles Salon
- Show Tickets
- Cot/Crib
- Golf
- Stay & Play Pkg.
- Misc. Charges

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**General Information(Please share with your guests):**

- All rooms must be reserved with a valid credit card or (Purchase Order Number when pre-approved by Hotel Management), \*when using a credit card to reserve rooms, photocopy front and back of credit card along with owner of credit card's drivers license. Fax or mail to numbers listed above right.
- Guests must give at least 24 hours notice when cancelling to avoid automatic No call/No show charges to their account.
- Check in time is after 4:00pm and check out is 11:00am. All times are Eastern.
- A pictured ID is required for your guest to check into their room. Keys will not be issued to anyone without proper ID and only the registered guests may receive a room key.
- The make, model, and plate number of vehicle is required at check in.
- We accept major credit cards, cash, traveler's checks, certified bank checks, and money orders. All credit cards must be signed to be valid. We **do not** accept personal checks.

We are not responsible for lost or stolen items.

We look forward to serving you.

**BILLING TERMS AND CONDITIONS**

(Net 10 days. 1.5% interest after 30 days)

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Sales Associate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Approved by(initial and date)-Hotel Mgmt.