



# GROUP BILLING INSTRUCTIONS

An Accounting fee of \$150-300 will apply for charges made within one week prior to arrival.

Name of Group: \_\_\_\_\_

Meeting Dates: \_\_\_\_\_

European Plan Rate (including room and room taxes) \_\_\_\_\_

Master Account

Individual Account

Meeting Package (Overnight Attendees) \_\_\_\_\_

Daily Facilities Service Charge \_\_\_\_\_

European Plan Room & Food Before and After the \_\_\_\_\_

Contracted Dates (and applicable taxes) \_\_\_\_\_

Airport/Ground Transportation \_\_\_\_\_

Incidentals to Include:

Laundry \_\_\_\_\_

Room Service \_\_\_\_\_

Long Distance Charges \_\_\_\_\_

Beverage Charges in Will Rogers Lounge \_\_\_\_\_

Food Charges in Will Rogers Lounge \_\_\_\_\_

Liquor Charges in Mountain View Restaurant \_\_\_\_\_

Gift Shop Purchases \_\_\_\_\_

In-Room Videos \_\_\_\_\_

Business Service Center (faxes, copies, etc.) \_\_\_\_\_

Outgoing Shipping Charges & Handling Fees \_\_\_\_\_

Audio/Visual (items not included in meeting package) \_\_\_\_\_

x

Surcharges \_\_\_\_\_

x

Scheduled Tours \_\_\_\_\_

x

Day Rate Charges (guest without room) \_\_\_\_\_

x

Please list those persons authorized to sign to the Master Account.

\_\_\_\_\_  
\_\_\_\_\_

Please list those persons who should have all charges above (including recreation) billed to the Master Account. \_\_\_\_\_

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



# GROUP BILLING INSTRUCTIONS

Name of Group: \_\_\_\_\_ Meeting Dates: \_\_\_\_\_  
Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

1. Terms of payment will be net 30 days from the date of the statement in the form of check or wire transfer. Any amount owed after the 30-day time period is subject to a finance charge at the rate of 1½% per month or the maximum amount allowed under Colorado law.
2. All charges not paid by the individual attendee upon check-out will be charged to your master account and shall be guaranteed and paid by the master account.

**IMPORTANT NOTE:** Should you change the billing instructions within one week prior to arrival, Cheyenne Mountain Resort will assess an accounting fee (\$150-300 minimum). You should receive the final bill in the mail within 6–10 working days. If you would like a preliminary copy of your bill, please notify your Conference Planning Manager or Credit Manager two days in advance. Please do not process payment for any preliminary billing received.

Accepted and agreed by:

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

This information is provided to assist your organization and Cheyenne Mountain Resort. In processing your group and individual charges. Should you have questions regarding this or any other accounting procedure, please do not hesitate to contact your Conference Planning Manager or the Accounts Receivable Department at 800-428-8886.

# RECREATIONAL BILLING

An Accounting fee of \$150-300 will apply for charges made within one week prior to arrival.

Name of Group: \_\_\_\_\_ Meeting Dates: \_\_\_\_\_

Master Account

Recreation Day Only

Date \_\_\_\_\_

Master Account

Individual Account

**Golf Billing:**

Green Fee	_____	_____	_____
Club Rental	_____	_____	_____
Shoe Rental	_____	_____	_____
Driving Range	_____	_____	_____
Sleeve of Balls	_____	_____	_____
Bag Storage/Club Care	_____	_____	_____
Beverage Cart (seasonal)	_____	_____	_____
Golf Pro Shop Purchases	_____	_____	_____
Snack Bar (seasonal)	_____	_____	_____
Lessons	_____	_____	_____

**Fitness Center:**

Court Fees	_____	_____	_____
Racquet Rental	_____	_____	_____
Ball Machine Rental	_____	_____	_____
Tennis Pro Shop Purchases	_____	_____	_____
Can of Balls	_____	_____	_____
Lessons	_____	_____	_____
Massages	_____	_____	_____
Bicycle Rental	_____	_____	_____
Aerobic Classes	_____	_____	_____
Beverages	_____	_____	_____

**Recreation Area:**

Boat Rental (seasonal)	_____	_____	_____
Sailing Lessons (seasonal)	_____	_____	_____
Fishing Fee and Rental	_____	_____	_____
Volleyball	_____	_____	_____
Basketball	_____	_____	_____
Snack Bar (seasonal)	_____	_____	_____

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

