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RENAISSANCE[®]
MONTGOMERY HOTEL & SPA
AT THE CONVENTION CENTER

DIRECT BILL APPLICATION

Date of Application: August 6, 2014

Name of Firm/Company: Southeast Region Wound Ostomy & Continence Nurses Society

Type of Business: Non-profit professional nurses association

Physical Address: 400 Executive Center Drive, Suite 208, West Palm Beach, FL 33401

Mailing/Billing Address: Same as above

Phone Number: 561-689-6321

Fax Number: 561-689-6324

Contact Name: Ian Cordes – Association Manager

BANK REFERENCES

Bank Name: SunTrust BANK (704-485-3391)

Address: 224 North Main Street

Phone Number: OAKHORO, NC 28129

Account Number: 053100465:1000164588195

HOTEL REFERENCES

Hotel Name: Marriott & Convention Center

Address: 2 Carter Plaza, Chattanooga, TN 37402

Phone Number: (423) 756-0002 Fax Number:

Dates of Stay: Sept. 15-18, 2011

Hotel Name: Hyatt Regency Savannah

Address: 2 W Bay St, Savannah, GA 31401

Phone Number: (912) 238-1234 Fax Number:

Dates of Stay: September 26-30, 2012

Hotel Name: Embassy Suites Charlotte – Concord/Golf Resort & Spa

Address: 5400 John Q. Hammons Drive NW, Concord, NC, 28027

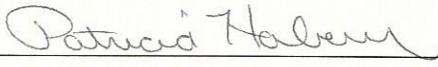
Phone Number: 704-455-8200 Fax Number: 704-455-8201
Dates of Stay: September 30 - October 3, 2010

TRADE REFERENCES

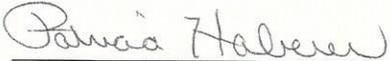
Company Name: Coloplast Corp
Address: 1601 West River Rd, Minneapolis, MN, 55411
Phone Number: 800-788-0293
Fax Number: 800-501-8533

Company Name: Mölnlycke Health Care US, LLC
Address: 5550 Peachtree Parkway, Suite 500, Norcross, GA 30092
Phone Number: 800-882-4582
Fax Number: 888-824-6435

AUTHORIZED NAMES ON ACCOUNT

Name: Patricia Haberer	Signature: 
Name: Pam Whitley	Signature: _____
Name: Martha Davidson	Signature: _____

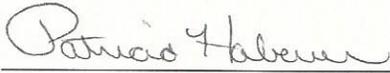
To the best of my knowledge, the above information is correct:

Signature:  Title: President, SER WOCN Society
Print Name: Patricia Haberer Date: 8-6-14

I (we) agree that this application may be referred to a consumer reporting agency for approval, and if credit is extended, I (we) further agree that such an extension of credit shall be subject to the following terms and conditions:

1. I (we) shall pay the amount(s) due, as evidenced by the account, no later than thirty (30) days following the billing date.
2. I (we) agree that any amounts not paid within the time allowed in paragraph 1 above shall be considered delinquent and shall bear interest at the rate of 1.5% per month (18% per annum) from and after the first date the same became delinquent.

I (we) represent that this application involves the extension of credit for business or commercial purposes only.

Signature:  Title: President, SER WOCN Society
Print Name: Patricia Haberer Date: 8-6-14