

# Billing Instructions

COMPANY NAME: \_\_\_\_\_

MEETING ROOM SIGN TO READ: \_\_\_\_\_

	MASTER ACCOUNT	INDIVIDUAL ACCOUNT
BENCHMARK CONFERENCE PLAN	_____	_____
SERVICE CHARGES	_____	_____
Dining	_____	_____
Bellmen	_____	_____
Maid	_____	_____
AIRPORT GROUND TRANSPORTATION	_____	_____
INCIDENTALS	_____	_____
Sundries and Purchases	_____	_____
Main Bar/Pool Bar Charges	_____	_____
Dining Room Bar Charges	_____	_____
Sleeping Room Mini Bars	_____	_____
In Room Internet Connection	_____	_____
In Room Movies/Video Games	_____	_____
Laundry	_____	_____
Room Service	_____	_____
800 #'s, Local & Long Distance Phone Charges	_____	_____
AUDIO VISUAL CHARGES (those not included in BCP)	XXX	_____
SURCHARGES	XXX	_____
ROOM & FOOD CHARGES (for early arrivals or late stayovers)	_____	_____
Sangria's Food on Arrival Day	_____	_____
FITNESS CENTER FACILITIES	_____	_____
SPA MASSAGES	_____	_____
SALON SERVICES	_____	_____
RECREATION	_____	_____
BUSINESS SERVICE CENTER	_____	_____
SPOUSE RATES	_____	_____
DAY RATES (GUEST WITHOUT ROOM)	XXX	_____
INDIVIDUALS AUTHORIZED TO SIGN TO THE MASTER ACCOUNT:		
_____		
_____		

APPROVAL OF BILLING INSTRUCTIONS:

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*Scottsdale Resort  
& Conference Center*®

BENCHMARK  HOSPITALITY  
INTERNATIONAL