



45 West 44th Street, New York, NY 10036 ~ Tel: (212) 782-3070 ~ Fax: (212) 782-3068

DIRECT BILLING REQUEST

1. Name of Company or Organization to be billed: Natural Bureau of Economic Research

2. Name of Contact (person making request): Carl Bede

3. Email Address: check@nber.org

4. Contact's Telephone Number/s: (617) 588 0380 Fax: ()

E-mail: _____

5. Complete Billing Address:

Address: 1050 Massachusetts Ave, Cambridge, MA 02138

City: _____ State: _____ ZIP: _____

6. Billing Office Telephone Number: (617) 588-1414 Fax: ()

7. Name & Title of Person/s at Billing Address Responsible for Payment of Account:

Name: Kelly Horak Title: Controller

8. Request Direct Billing to our Organization for:

All Hotel Charges Room(s) & Taxes Only Banquet Functions Other (specify): _____

9. List Persons and Titles Authorized to sign Charges for Billing Company:

Name: Carl Bede Title: Director of Conferences

Name: James Poterba Title: President & CEO

Name: _____ Title: _____

Prior to consideration for approval, this Direct Billing Request must be completed in full and returned to the Hotel Accounting Department a minimum of 15 days prior to the date for which credit is being requested. Completion of the Direct Billing Request will not obligate the hotel to direct bill the Applicant Company. The credit card information supplied will authorize the Hotel to process payment on accounts that exceed Terms agreed upon.

I, the undersigned, believe that the Applicant Company is financially able to meet all commitments made to the Hotel and will pay Hotel Invoices according to Hotel Terms. I understand that the Hotel Sofitel may deem it necessary to review the credit profile of the Applicant Company as reported by a credit-reporting agency. This information will be used only in conjunction with this direct billing request.

Date 3/22/19

Signature Carl Bede

Title Director of Conferences

Company Name NBER



SOFITEL
LUXURY HOTELS
NEW YORK

45 West 44th Street, New York, NY 10036 ~ Tel: (212) 354-8844 ~ Fax: (212) 354-2480

DIRECT BILLING REQUEST ~ COMPLEMENTARY INFORMATION

1. Credit Card Number: 3792 628478 82227 Exp. Date: 02/21/
 Name as an appears on the Credit Card: CARL BECK
 Authorized signature: *Carl Beck*

A major credit card number with authorized signature is required on file as a guarantee in the event that this account not settled within the 30-day payment term.

2. Four most recent hotel references (other than last two months):

1

Hotel Name	Royal Sonesta Hotel
Address	40 Edwin Land Blvd
Telephone	Cambridge, MA ⁶¹⁷ 806 4200
Fax	
Date Stayed	Used frequently

2

Hotel Name	Charles Hotel
Address	1 Bennett St, Cambridge MA
Telephone	617 864 1200
Fax	
Date Stayed	9/23-25/2017

3

Hotel Name	Hyatt Regency Bethesda
Address	1 Bethesda Metro Ctr, Bethesda MD
Telephone	301 657 1234
Fax	
Date Stayed	3/15-16/2019

4

Hotel Name	Hyatt Regency San Francisco
Address	5 Embarcadero Ctr, San Fran.
Telephone	415-788 1234
Fax	
Date Stayed	

3. Bank Reference:

Bank Name: Citizens Bank
 Name on Account: NBER
 Bank Address: 1 Citizens Drive
Riverside, RI 02915

Account #: 110783-920-0
 Avg. Bal.: _____
 Tel. #: 617 994 7026
 Bank Officer: Jacob Ulucci

(FOR IN-HOUSE ONLY)

Date of Function: _____ Approximate Billing Amount: _____
 Sales/Catering Manager: _____
 Approximate Number of Rooms Required per Month: _____
 Approximate Number of Meeting/Banquet Rooms Required per Month: _____