

✓ 160458

175.51
342.91
363.80
940.47

MAKE CHECK PAYABLE TO:

Name: Ronnie Beale

Franklin, NC 28734

Date: 1/19/2017

**Received &
Approved By:**

JAN 24 2017



Holiday Inn

4

01-11-17

Ronnie Beale 102 Beale Drive Franklin NC 28734 United States	Folio No. : A/R Number : Group Code : Company : business Membership No. : Invoice No. :	Room No. : 1911 Arrival : 01-10-17 Departure : 01-11-17 Conf. No. : 68495580 Rate Code : IMSTI Page No. : 1 of 1
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Date	Description	Charges	Credits
01-10-17	*Accommodation	67.30	
01-10-17	State Sales Tax	4.54	
01-10-17	Occupancy Tax	4.04	
01-11-17	MasterCard		75.88
Total		75.88	75.88
Balance		0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Raleigh Downtown
320 Hillsborough Street
Raleigh, NC 27603
Telephone: (919) 832-0501 Fax: (919) 833-1631

Owned by Raleigh Park Inn, LLC and Operated by Sound Management, LLC



*Room for
DEFEK*

4

01-11-17

Ronnie Beale 102 Beale Drive Franklin NC 28734 United States	Folio No. : A/R Number : Group Code : Company : business Membership No. : Invoice No. :	Room No. : 1912 Arrival : 01-10-17 Departure : 01-11-17 Conf. No. : 68496192 Rate Code : IMSTI Page No. : 1 of 1
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Date	Description	Charges	Credits
01-10-17	*Accommodation	67.30	
01-10-17	State Sales Tax	4.54	
01-10-17	Occupancy Tax	4.04	
01-10-17	Parking	7.00	
01-11-17	MasterCard		82.88
Total		82.88	82.88
Balance		0.00	

Guest Signature: 

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

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326 BEALE/RONNIE

132.00 01/13/17 12:00

2757 9315
100% 100%

Room Name
NKNG NCACC

Rate

01/11/17 15:46

ACCT# GROUP

Type
18

Arrive

Time

RWD#:

Room Clrk	Address	Payment	
DATE	REFERENCE	CHARGES	CREDITS BALANCE DUE
01/11	ROOM 326, 1	132.00	
01/11	ROOMTAX 326, 1	8.91	
01/11	OCCTAX 326, 1	7.92	
01/11	VALET 04-328	14.00	
01/12	BRAISE 1095 326	20.74	<u>FOUR</u>
01/12	ROOM 326, 1	132.00	
01/12	ROOMTAX 326, 1	8.91	
01/12	OCCTAX 326, 1	7.92	
01/12	VALET 04-328	14.00	
01/13	MC CARD		\$346.40 325.66

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT,
YOU MAY LEAVE YOUR KEY IN YOUR ROOM. FOR BILLING INQUIRIES,
EMAIL RDUNCINQUIRIES@MARRIOTT.COM OR CALL (919)781.7000.

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:
RBEALE1955@YAHOO.COM
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Operated Under License From Marriott International Inc. Or One Of Its Affiliates

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%). or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

For questions regarding this folio, please call Marriott Business Services toll-free 1-866-435-7627.

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