



Preliminary Application



Vantage Hospitality Group, Inc.

New Member Preliminary Application

Please Print:

Property Name: _____

Property Address: _____

City/State/Zip: _____

Property Phone: _____ Property Fax: _____

Entity Name: _____

Type of Entity:

- General Partnership Individual Proprietor Joint Venture
 Limited Partnership Corporation Trust
 Limited Liability Company Other: _____

State of Incorporation: _____ Tax ID Number: _____

Principal Contact Information:

Name: _____ Address: _____

Phone: _____ City: _____

Fax: _____ State/Zip: _____

Cell Phone: _____ E-mail: _____

Entity Ownership Breakdown:

<u>Name & Address</u>	<u>Title</u>	<u>% of Ownership</u>

Note: Ownership breakdown must equal 100%. Attach separate sheet if necessary.

Average daily room rate: \$ _____ Occupancy %: _____

of Floors _____ # of Rooms: _____ # of Suites: _____ # of Closed Rooms _____

Room Size: King: _____ Doubles: _____ Suites: _____

Corridor Type: Interior Exterior Other: _____

Food & Beverage Facilities / Amenities:

- Restaurant Indoor Pool Game Room Exercise Room
 Lounge Outdoor Pool Gift Shop Guest Laundry

Do you own a computer? Yes No Type of front desk system: _____
 Type of Internet Connection: DSL/Fast Access Modem Other: _____
 E-mail address: _____ Website Address: _____
 To whom do we send notices, updates, etc? Name: _____
 Phone: _____ E-mail address: _____
 Is property AAA approved? Yes No If yes, what is your diamond rating: _____
 Current / Former Franchisor: _____ Most Recent QA Score: _____
 GDS Representation: _____
 If new construction property, proposed opening date: _____
 If acquisition, anticipated closing date: _____
 Year property opened: ____ Has property been upgraded since? No Yes/Year: ____
 Have there been any additions to the property since original opening? No Yes/Year: ____
Please list what, if any, upgrades/additions were completed (use separate sheet if necessary):

Mortgage Information:

Bank / Mortgage Co.: _____
 Address: _____
 City: _____ State / Zip: _____
 Contact: _____ Phone: _____
 Account #: _____ Maturity Date: _____
 Outstanding Principal: \$ _____

Insurance Information:

Name of Property and Casualty Insurance Company: _____
Insurance Agent Information:
 Name: _____ Company: _____
 Address: _____
 City: _____ State / Zip: _____
 Phone: _____ Fax: _____

The undersigned certifies that the above information given for credit purposes is true and correct and authorizes Vantage Hospitality Group, Inc. and its affiliates, any credit bureau or other investigative agency to investigate the references, statements and other data listed or accompanying this Application. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation.

Vantage Hospitality Group, Inc. reserves the right, in its sole discretion, to approve or disapprove the Membership Application. Applicant will not be deemed to have been granted a membership to operate an Americas/Canadas Best Value Inn guest lodging facility and there shall be no binding obligations on either party, other than with regard to the Application Fee, unless and until both parties have executed the Membership Application and Agreement.

Enclosed with this Preliminary Application is a check for \$1,500 representing the Application Fee. This fee is non-refundable except in the event that Applicant's Membership Agreement is not accepted by Vantage because of proximity of Applicant's Property to another Americas/Canadas Best Value Inn facility. In that event, Vantage will refund the Application Fee. This fee is not part of the Americas/Canadas Best Value Inn Brand Membership Initial Fee.

Signed: _____ Title: _____ Date: _____
 Signed: _____ Title: _____ Date: _____

**Enclosed with this Application is a \$1,500 Application Fee made payable to Vantage Hospitality Group, Inc.
 Send to: Vantage Hospitality Group, Inc., 3300 N. University Dr., Ste. 500, Coral Springs, FL 33065**

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Hospitality Group, Inc.