

# EXTENDED STAY INFORMATION FORM

## BILLER HOTEL LTD.

725 N. 22<sup>nd</sup> Street  
Milwaukee, Wi. 53233  
(414)933-6000  
FAX(414)933-6662

Date \_\_\_\_\_

Date of Stay \_\_\_\_\_

Name \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Current Address \_\_\_\_\_

Social Security No. \_\_\_\_\_

OR

State I.D. No. \_\_\_\_\_

Present Landlord \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Do you smoke (circle one):    Yes    No

Starting Date \_\_\_\_\_                      Earnings Per  
Week \_\_\_\_\_

(If Applicable)

Second Guest \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Current Address \_\_\_\_\_

Social Security No. \_\_\_\_\_

OR

State I.D. No. \_\_\_\_\_

Present Landlord \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Do you smoke (circle one):    Yes    No

Starting Date \_\_\_\_\_                      Earnings Per  
Week \_\_\_\_\_

The undersigned, desiring to reserve a room agrees:

- 1) that the above information can be verified;
- 2) that the room charges shall be payable in advance on or before the first day of the extended stay;
- 3) that the hotel rules will be honored.

I hereby certify that all statements made above are true and correct.

\_\_\_\_\_  
(Guest Signature)

\_\_\_\_\_  
(Guest Signature)



(Please Place Picture I.D. In Box)



(Please Place Picture I.D. In Box)

