

Franchise Fees

1.06

Franchise Fees

Policy Statement

Monthly franchise fees are due in the office of Hospitality international, Inc. no later than the 1st day of each month if paid in advance or on the 20th of the following month for which revenue was received depending upon the provisions of the Franchise Agreement

Flat Fees (Fixed/Set Monthly Franchise Fees)

- ❖ The Monthly Franchise Fee is due per the terms of the Franchise Agreement

Convention Fees

- ❖ Convention Fees are billed monthly, and payment is due on receipt of invoice
- ❖ You may choose to pay the Convention Fee yearly

Percentage based Monthly Franchise Fee

- ❖ A Copy of the Gross Room Revenue Report is provided to all Franchisees. A blank Gross Room Revenue Report is on the following page
- ❖ This report must be completed based on the previous month's or the applicable month's Gross Room Revenue.
- ❖ The report must be faxed to Hospitality International no later than the 5th day of each month
- ❖ Fax numbers:
 - 800-813-6322
 - 770-270-1077
- ❖ An invoice will be prepared based on the received Gross Revenue Report and the Monthly Franchise Fee Structure as detailed in your Franchise Agreement.
- ❖ Prepared invoices are mailed to Franchisees.

Additional Assistance or Questions about your Franchise Fees

- ❖ Call the Accounts Receivable Department: 888-952-1237
- ❖ If no one is available to assist you immediately, please leave a message and a department assistant will contact you as soon as possible.

Gross Room Revenue Report



INSTRUCTIONS:

Complete all information and **Fax or email** completed form no later than the **5th day of each month** to report your property statistics for the previous month.

(800) 813-6322 or (770) 270-1077

Email:

accountsreceivable@hifranchise.com

Report for the month of _____ 20____

Property Code: _____

City and State: _____

Telephone #: _____

Email: _____

- | | |
|---|----------|
| 1. Total Month's Gross Room Revenue | \$ _____ |
| 2. Total number of Rooms at property | _____ |
| 3. Total number of room nights rented during month reported | _____ |
| 4. Monthly Franchise Fees Owed | \$ _____ |

Print Name _____ Signature _____ Date _____

☐ Checking ☐ Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



☐ Visa ☐ MasterCard

☐ Amex ☐ Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Hospitality International Inc. may at its discretion attempt to process the charge again within 30 days and agree to an additional \$10.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and agree not to dispute these scheduled payments with my bank or credit card company, provided the transactions correspond to the terms indicated in this authorization form.