

**Hotel Initialization Questionnaire (HIQ)**Please return this questionnaire to Central Services [scalhoun@historichotels.org](mailto:scalhoun@historichotels.org) . Please note that this questionnaire must be completed before the onboarding process can begin.

**Primary Contact: Person to be contacted for questions regarding this document**Name: Title  
Phone: Email:

**Basic Hotel Information**Hotel Name:         
Address:        
City:       State       Country        
**Are you already represented in the IDS/DHISCO channel?**

Yes No   
  
**If you answered Yes, please provide the following information:**  
Current GDS/CRS provider company name:   
Property Name (as listed on your DHISCO account):  
Property DHISCO ID:    
Chain code (max 2 alpha characters):   
Property Email:

**Credit Card Information**Please specify which credit cards are accepted for payment at your property, check all that apply.American Express Discover Carte Blanche MasterCard Diners Club Visa Other

**Check In Time:       Check Out Time:**

**Currency:** USD EUR GBP Other

**Latitude:       Longitude:**