

**Hotel Initialization Questionnaire (HIQ)**Please return this questionnaire to Central Services 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[x]  EUR[ ]  GBP[ ]  Other

 **Latitude:       Longitude:**