

## Credit Card Authorization Form

Name of Group: \_\_\_\_\_

Date & Time of Group: \_\_\_\_\_

Please return to: Orleans Bowling Center  
4500 W. Tropicana Ave.  
Las Vegas, NV 89103

Phone (702) 365-7400

Fax (702) 365-7405

I hereby request the charges be charged to my credit card for my bowling event.

In the amount of \$\_\_\_\_\_ Card Type:\_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Zip code: \_\_\_\_\_

(Print) Name of Credit Card Holder: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_