



FAX #: (702) 454-8167

Credit Card Authorization Form

DO NOT SEND YOUR FULL CREDIT CARD NUMBER

ATTENTION _____ FROM _____ DATE _____

Please check the following that applies

- _____ **Room, Tax, Resort Fee** (Select this option if the guest's room and tax is to be prepaid, but the guest(s) will be responsible for providing their own credit card for incidentals at check-in.)
- _____ **Room, Tax, Resort Fee, and Security Deposit** (Select this option to prepay guest's room, tax, and security deposit per room per stay. This will ensure the guest may check-in without their own credit card.)
- _____ **All Charges** (Select this option if all charges will be allowed to the credit card. The guest(s) will be allowed to check-in without a credit card.)
- _____ **Meeting Rooms/AV Charges**
- _____ **Banquet Charges**
- _____ **Restaurant Charges to the Group (e.g. Buffet)**
- _____ **Group/Event/Conference Deposit (refer to contract)**
- _____ **Room and Tax Guarantee Only** (All attendees will be using their own credit cards upon check-in)

Guest Name or Group/Event Code _____ Confirmation Number (If Applicable) _____

Personal/Corporate Card _____ Arrival Date _____ Departure Date _____

CREDIT CARD NUMBER **Must be on file with hotel. Submit only the last four digits below**

Card Holder Name (as it appears on credit card) _____ Expiration Date on Card _____

Billing Address _____

Telephone Number _____ Fax Number _____ Email Address _____

I authorize _____ to apply any charges of the type I have specified above to my credit card for guest/group.
(Property)

Cardholder's Signature _____ Date _____

Do not fax us a copy of the credit card. Please fax or scan the completed form

CUSTOMERS - Please write only the last four digits of your credit card number in the boxes below

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