

## **Credit Card Authorization Form**

## DO NOT SEND YOUR FULL CREDIT CARD NUMBER / PHOTO ID REQUIRED WITH FORM

	All Nights Room, Tax, Resort F and security deposit of \$100.00		elect this option to prepay guest(s) room, tax,
	and security deposit of \$100.0		
	All Nights Room, Tax, Resort Fee, and \$100.00 Security Deposit (Select this option to prepay guest(s) room, tax, and security deposit of \$100.00 per room per stay. This will ensure the guest(s) may check-in without their own credit card.)		
	-	ort Fee (Select this option to prepay g own credit card for \$100 security de	uest(s) room and tax, but the guest(s) will be posit/incidentals at check-in.).
	1st Night Room and Tax Guarar	ntee ONLY (All guests will be using th	eir own credit cards upon check in)
	<ul> <li>Room and Tax (All guests will be using their own credit cards upon check in for Resort Fees, incidentals &amp; \$100 Security Deposit)</li> <li>ALL CHARGES (All Nights Room, Tax, Resort Fee, INCIDENTALS and \$100.00 Security Deposit (Select this option t prepay guest(s) room, tax, and security deposit of \$100.00 per room per stay. This will ensure the guest(s) may check-in without their own credit card.)</li> </ul>		
Guest Name		Arrival & Departure Dates	Confirmation Number
Card Holder Nam	ame (as appears on card) Expiration Date on Card		
Billing Address fo	or Credit Card		
Telephone Numb	per Fax Number	Email Address	
I authorize <u>Canne</u>	ery Casino <u>Hotel</u> to apply any ch	arges of the type I have specified abo	ove to my credit card for guest(s).
Cardholder's Sigr	nature		Date
Cardholder's Sigr		ot fax us a copy of the credit c	
Cardholder's Sigr	Do n	ot fax us a copy of the credit c n and a copy of the Credit Card Hold	ard.

This credit card must be the same card given when making reservation. Submit only the last four digits below