



* REQUIRED FIELDS

PAYMENT CARD AUTHORIZATION

TRANSACTION INFORMATION:							
Select Property:		nica ≎ Lux		ay Bay ◊ MGM		lano	
Group/Company Name:							
Group Dates:							
Block Code or Account #:							
Please select all charges	that apply:						
Signing Deposit	\$			Catering	\$		_
Contractual Depos	sit \$			Business Center	\$		_
Full Prepayment	\$			Phone Charges	\$		_
Guar 1st Ngt	\$			Audio Visual	\$		_
Room & Tax	\$			Exhibitor Service	\$		_
Incidentals	\$			Resort Fee	\$		_
x Food & Bev	\$			Other:	\$		_
Credit Card payments wi the parties and confirme Should additional charge card and provide a state An additional deposit an	d in writing by s es be incurred af nent following t	ignature app ter the final he group de	proval of this f one-hundred p parture.	litions negotiated orm. percent deposit is		_	
Approved By:					Date	:	
	F	PAYMEN	T CARD V	ERIFICATION	N:		
AUTHORIZATION NOTE as detailed above. I und using a Debit Card , p transaction). Payme	_ derstand that an a lease be advised	additional an I that this au	nount might be horization may	authorized for inci affect your check	dentals or othe ing account un	er related charge til final settleme	es. (If Int of
☐ American Express	Discove	er 🕻	MasterCard	☐ VISA	Diners	s Club	JCB
*Last four digits of credit card	number:		1				
*Cardholder's Full Name:				er's Signature:	1		
*Cardholder's Billing Address:	1_		*City:		*State:	*Postal Cod	
*Telephone Number:	Fax Nu	mber:	I	E-mail Address:			
*FULL PAYMENT CARD NUMBER: *EXPIRATION DATE: ###							