

Hilton Lake Las Vegas Resort & Spa 1610 Lake Las Vegas Parkway Henderson, NV 89011 Telephone: (702) 567-4700

Fax: (702) 567-4618

Credit Card Authorization Form

l,	Autho	orize,		
(Print Your Name)		(Print Guest Name)		
	Confirmation #			
Initial here:	As the Individual cardholder	As the co	ompany representative	
Credit Card Information	tion:			
	on the Card:			
Type of Card: □VISA	A	□DISCOVER	□AMERICAN EXPRESS	
Card #:		Expiration Date/		
Billing Address: Stre	et:			
City:	State:	Zip C	ode:	
I authorize the charg credit card. (Please c	ges marked below to be billed b check all that apply)	y the Hilton Lake Las Ve	gas Resort & Spa to my	
□All charges				
☐Guest Suite(s) and	Occupancy Tax charges only			
□Resort Fees (\$29.00	O+tax per day) (Mandatory for a	all Reservations, unless of	otherwise specified)	
□Outlets (Medici-Res	staurant, Firenze Lounge, Lagoo	on Pool, Room Service, N	Movies, etc)	
=	al, audio visual equipment, set-	•		
□Other (Please speci	ify)			
If there is a problem	processing this payment, we w	ould like to be able to re	each you.	
Daytime phone num	ber ()	_		
Email address				
Company or Cardhol	ders Name:			
Carholder's Signature	e:			

^{***}Please fax completed form back to 702-567-4618. To be PCI copmliant, we cannot accept emailed forms.***