

## PAYMENT CARD AUTHORIZATION

**Return forms to:**

Fax: 702-730-7217

version: 1.0 7/17/2017
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### TRANSACTION INFORMATION:

**Select Property(s):**

◊ - Park MGM ◊ - NoMad

**Group/Company Name:** \_\_\_\_\_

**Dates of Stay:** \_\_\_\_\_

**Guest Name:** \_\_\_\_\_

**Please select all charges that apply:**

<input type="checkbox"/> Signing Deposit \$ _____	<input type="checkbox"/> Catering \$ _____
<input type="checkbox"/> Contractual Deposit \$ _____	<input type="checkbox"/> Business Center \$ _____
<input type="checkbox"/> Full Prepayment \$ _____	<input type="checkbox"/> Phone Charges \$ _____
<input type="checkbox"/> Guar 1st Ngt \$ _____	<input type="checkbox"/> Audio Visual \$ _____
<input type="checkbox"/> Room & Tax \$ _____	<input type="checkbox"/> Exhibitor Service \$ _____
<input type="checkbox"/> Incidentals \$ _____	<input type="checkbox"/> Resort Fee \$ _____
<input type="checkbox"/> Food & Bev \$ _____	<input type="checkbox"/> Other: \$ _____

If approved for direct billing I authorize this card to be used for final payment upon receipt of final invoice

### PAYMENT CARD VERIFICATION:

**AUTHORIZATION NOTE:** I authorize and acknowledge that all of the charges below will be processed to my payment card as detailed above and a \$10.00 Convenience fee (plus applicable tax). I understand that an additional amount might be authorized for incidentals or other related charges. (If using a **Debit Card**, please be advised that this authorization may affect your checking account until final settlement of transaction). Payment Card Industry regulations prohibit merchants from requiring or making copies of your card.

<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Diners Club	<input type="checkbox"/> JCB
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\*Last four digits of credit card number:

*Cardholder's Full Name: _____		*Cardholder's Signature: _____	
*Cardholder's Billing Address: _____		*City: _____	*State: _____
*Telephone Number: _____	Fax Number: _____	E-mail Address: _____	

**\*FULL PAYMENT CARD NUMBER:**

**\*EXPIRATION DATE:**

\* REQUIRED FIELDS