

NEW YORK **NEW YORK**™

LAS VEGAS HOTEL & CASINO

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 NYNYHOTELCASINO.COM / 1.888.NY.FOR.ME / 702.740.6969

CREDIT CARD AUTHORIZATION FORM
KINDLY FAX ALL COMPLETED FORMS TO (702) 740-6875
 For assistance in filling out this form, call (702) 740-6822.

I hereby authorize the charges outlined below to be charged to my credit card:

*Guest Name	*Reservation Number	Arrival/Departure *Dates	Room & Tax Charge *Total Amount
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

*LAST 4 DIGITS OF CREDIT CARD NUMBER					*CARD TYPE (CIRCLE ONE) AMEX DISC MASTER VISA DINERS JCB	*EXPIRATION DATE
*CREDIT CARD HOLDER'S NAME						*PHONE
*BILLING ADDRESS				*CITY	*STATE (Country)	* (Zip/ Postal Code)

I authorize and acknowledge that all of the aforementioned charges will be processed to my credit card for the above-mentioned persons/amounts listed.
Advisory: Debit Card users, this authorization amount will affect your checking account up to ten (10) days after the settlement of the authorized transaction. We do not accept credit card authorizations for incidental charges. We do not accept credit card authorizations for reservations made within 30 days. We only accept credit cards that have international billing address for future reservations 3 days out or more. This allows us time to obtain proper authorizations.

*CARD HOLDER'S SIGNATURE _____ DATE _____

Manager Review _____ Processed by: _____ Date: _____ Time: _____

 *FULL CREDIT CARD NUMBER _____ *EXPIRATION DATE _____

***ASTERISK SYMBOL DENOTES INFORMATION IS REQUIRED.**