



Today's Date 04/08/15

CREDIT CARD AUTHORIZATION REQUEST FORM

FAX # : \_\_\_\_\_

FROM : THE MIRAGE

ATTN : \_\_\_\_\_

I hereby authorize the charges from room and tax (12%) and/or resort fees only as outlined below to be charged by The Mirage to my credit card for the following guest(s). This authorization will not cover any incidental charges. I understand that late cancellations and unused reservations are subject to a cancellation penalty charge which is non-refundable. (CHECK ONE ONLY)

\_\_\_\_\_ 1st night room/tax/resort fees

\_\_\_\_\_ All nights room/tax/resort fees

\_\_\_\_\_ Add. nights (specify) including resort fee

\_\_\_\_\_ Only resort fees

Table with 6 columns: Name of Guest(s), Confirmation #, Arrival Date, Rate/Rate Change, Total Charge Room, Total Charge including resort. Row 1: Don Hollenback, 748278821, 04/13/15, \$217.00, \$519.68. Row 2: Room Rate Change: 04/13/15 (217.00 USD), 04/14/15 (247.00 USD)

ACCOUNT INFORMATION

CREDIT CARD NUMBER XXXXXXXXXXXXX5863 EXP DATE XX/XX
CARDHOLDER'S NAME \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_
BILLING ADDRESS \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

I do understand that this transaction is non-reversible unless the reservation(s) is/are canceled 48 hours prior to the arrival date. The credit card will not be credited and the hotel guest's card charged upon check-in. I acknowledge that all of the aforementioned charges will be processed to my credit card in the form of an advanced deposit for the person(s) designated above.

Signature of Cardholder \_\_\_\_\_

Date \_\_\_\_\_

Our fax number is (702)791-7438 . For any questions, please contact us at (702)791-7405