



PAYMENT CARD AUTHORIZATION

RESORT & CASINO

Return forms to:

Phone: (702) 590-9709 Fax: (702) 590-9715

version: 1.0
1/7/2009

TRANSACTION INFORMATION:

Confirmation Number(s): _____

Check-in date: _____ Check-out date: _____

Hotel Guest Name(s): _____

****Reservations are not confirmed until this form has been completed and returned back to the Head Cashier****

Please select all charges that apply:

- ROOM/TAX
- All charges (Includes charges related to Aria services such as room and tax, food, beverages, tips, minibar, telephone, retail, pool services, spa and show.)

TOTAL _____

Credit Card payments will not be accepted unless the conditions of acceptance have been negotiated in advance by the parties and confirmed in writing by signature approval of this form herein below.

An additional deposit and/or full prepayment of all services may be required.

PAYMENT CARD VERIFICATION:

AUTHORIZATION NOTE: I authorize and acknowledge that all of the charges above will be processed to my payment card as above below. I understand that an additional amount might be authorized for incidentals. (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 credit / debit cards.

- American Express
 Discover
 MasterCard
 VISA
 Diners Club
 JCB

*Last four digits of credit card number:

*Cardholder's Full Name: _____ *Cardholder's Signature: _____

*Cardholder's Billing Address: _____ *City: _____ *State: _____ *Postal Code: _____

*Telephone Number: _____ Fax Number: _____ E-mail Address: _____

*FULL PAYMENT CARD NUMBER:

*EXPIRATION DATE:

* REQUIRED FIELDS