ROOM RESERVATION
CREDIT CARD AUTHORIZATION
FAX THIS FORM TO (702) 891-3136
Attn: Edward Rekalske, Tamara Miller,
Hue Bustamante

TO:	FROM:		DATE:
Fax Number (Area Code & Number)	Country Code 011-	City Code	Local Number (International)

CREDIT CARD HOLDER ACCOUNT INFORMATION

CREDIT CARD HOLDER'S NAME			PHONE
BILLING ADDRESS	CITY	STATE (Country)	Zip/ Postal Code)

This form is for: ☐ **Room and Tax Only**

Guest Name	Reservation No	Arrival/Departure	Total Charges

I authorize and acknowledge that all of the aforementioned charges will be processed to my credit card by the *MGM Grand* and/or *The Signature at MGM Grand* for the above-mentioned persons/items. (Advisory: Debit Card users only, this authorization amount may affect your checking account until settlement of transaction.) Payment Card Industry regulations prohibit merchants from requiring or making photocopies of your credit / debit cards.

Cardholder Signature: _____ **Date:** _____

Office Use Only					
AVS:		**Date:**		**Supervisor:**	

*Last (4) Digits of Credit Card: _____ *Expiration Date: _____

***FULL CREDIT CARD NUMBER:** ***EXPIRATION DATE:**

REQUIRED FIELDS