



RESORT • SPA • CASINO
LAS VEGAS

CREDIT CARD AUTHORIZATION

GROUP NAME

DATE OF EVENT

CARDHOLDER NAME

TELEPHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

AMOUNT TO BE CHARGED \$ _____

ACCOUNT INFORMATION

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CVV: _____

I understand this transaction is NON-reversible. I authorize and acknowledge all of the aforementioned charges and any additional authorized charges will be posted to my credit card in the form of an advance deposit or for full payment for the function(s) designated above. I acknowledge that any cancellation fees, penalties or minimum requirements agreed to in our signed contract may also be charged to my credit card. I understand that upon receipt of this form, M Resort Spa & Casino may hold sufficient funds to cover the anticipated charges.

CARDHOLDER SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

Group Code: _____ Account Number: _____ Balance Due: _____
Initials: _____ Date: _____