



## **CREDIT CARD AUTHORIZATION FORM**

*I hereby authorize MGM Grand Hotel, LLC ("MGM Grand"), or its designees, to charge my credit card for expenses detailed below at MGM Grand, 3799 Las Vegas Boulevard South, Las Vegas, Nevada 89109, 1-877-880-0880:*

**Credit Card Holder's Name:** \_\_\_\_\_

**Billing Address of Credit Card:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

*This billing information listed above is intended to pay for the below named guest(s) hotel reservation at MGM Grand.*

**I WILL BE RESPONSIBLE FOR THE FOLLOWING CHARGES AS INDICATED WITH AN "X":  
(Select Only One) FROM THE ATTACHED RESERVATION FORM**

- |                          |                              |                          |  |
|--------------------------|------------------------------|--------------------------|--|
| <input type="checkbox"/> | Room and Tax 1st Night ONLY  | <input type="checkbox"/> | Full Room & Tax & Incidentals (All charges)                  |
| <input type="checkbox"/> | Full Room & Tax              | <input type="checkbox"/> | All Incidentals (An initial \$100 per night will be charged) |
| <input type="checkbox"/> | Daily Resort Fee and Tax     |                          |  |
| <input type="checkbox"/> | Full Room & Tax & Resort Fee |                          |  |

**Confirmation Number:** \_\_\_\_\_ **Number of Nights:** \_\_\_\_\_

**Check-in Date:** \_\_\_\_\_ **Check-out Date:** \_\_\_\_\_

**Hotel Guest Name:** \_\_\_\_\_

**Return this form to fax number: 702-891-7858**

**By signing this form, you agree to pay all charges (as indicated above) incurred, as requested by you, from MGM Grand and a \$15.00 Convenience fee (plus applicable tax).**

Authorization Note: I authorize and acknowledge all of the foregoing charges to be processed to my credit/debit card provided for below. If using a debit card, please be advised that this authorization may affect your checking/savings account until final settlement of the transaction. Payment card regulations prohibit merchants from requiring or making copies of your credit/debit card(s). Forms must be received at least 5 days prior to arrival.

**Authorized Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Exp:** \_\_\_\_\_