



Fax: (702) 797-8905

Credit Card Authorization Form

DO NOT SEND YOUR FULL CREDIT CARD NUMBER / PHOTO ID REQUIRED WITH FORM

ATTENTION: FROM: DATE:

Please check the following that applies

Room, Tax, Resort Fee (Select this option if the guest's room and tax is to be prepaid, but the guest(s) will be responsible for providing their own credit card for the security deposit at check-in.)

Room, Tax, Resort Fee and \$100 Security Authorization (Select this option to prepay guest's room, tax, and Security Authorization of \$100 per room, per stay. This will ensure the guest may check-in without their own credit card.)

All Charges (Select this option if all charges will be allowed to the credit card. The guest(s) will be allowed to check-in without a credit card.)

Guest Name or Group Code Confirmation Number

Arrival Date Departure Date

Credit/Debit Card Customer Service Number

CREDIT CARD NUMBER Must be on file with hotel. Submit only the last four digits below

Card Holder Name (as appears on card)

Billing Address

Telephone Number Fax Number Email Address

I authorize South Point to apply any charges of the type I have specified above to my credit card for guest/group. I understand that my credit card will be charged up to 30 days prior to my arrival.

Cardholder's Signature Date

DO NOT FAX US A COPY OF THE CREDIT CARD.

Please fax the complete form and a copy of the Credit Card Holders Photo ID to the fax number above. (Please include Credit/Debit Card Customer Service Number)

CUSTOMERS- Please write only the last four digits of your credit card number in the boxes below

Four empty boxes for entering the last four digits of the credit card number.