

Internal Use Only- FD		
Guest Last Name:		
Conf#: Arrival Date:		

## **Credit Card Authorization Form**

DATE:	Toll-Free Reservation Line: 800-813-7349			
ATTENTION:				
FROM:				
Hotel Guest:				
Confirmation Number:	Arrival:	Departure:		
Authorized Credit Card Holder:				
Mailing Address:				
City:	State:	Zip:		
hone Number: Fax Number:				
Street Address (if different):				
City:				
Credit Card #:		Exp		
THIS FORM MUST BE CO	OMPLETED IN FULL AND	INCLUDE A COPY THE		
	RDHOLDER'S PICTURE II			
This form is to certify that the <i>Hotel Guest</i> is authorized by the <i>Authorized Credit Card Holder</i> to use the credit card listed above for the following charges: (please circle <u>all</u> that apply)				
1.Room/Tax 2.Food and Beverage	3.Movies 4.Phone 5.Spa	6.Golf 7.Other		
The charges are not to exceed \$	and are anticipa	ted to be incurred between the		
dates of	and	·		
All hotel rooms at Mystic Lake Casin check-in. Would you like to use the		- :		
YES, use the credit card listed above				
NO, the guest will provide their own credit card for the pre-authorization				
This letter is legally binding				
Signature of Cardholder:				