



CREDIT CARD AUTHORIZATION FORM

Please include a LEGIBLE copy (front & back) of your credit card & Driver's License.
Fax to the appropriate department noted below:

Banquets/Catering 702-383-5379 FAX

ATTENTION: THE BUFFET-CATERING OFFICE

The following may help to produce a clear copy of the requested documents:

1. Leave the lid up on the copy machine
2. Lighten & enlarge if possible
3. Back the credit card with light colored paper
4. Put tip of pen/pencil under the card while copying

PLEASE REMEMBER: THE SIGNATURE ON THE CREDIT CARD AND DRIVER'S LICENSE MUST BE LEGIBLE AND MATCH THE SIGNATURE ON THE AUTHORIZATION FORM. (If we cannot read the copy of the cards, we will not be able to process the transaction.) This authorization form and requested documentation are for your protection against credit card fraud; therefore your cooperation is greatly appreciated.

The following charges are hereby authorized: Deposit: \$ _____

The non-refundable deposit is \$100.00, or 10% or your estimated event total, whichever is the greater amount.

Total amount on my credit card authorized: \$ _____ OPEN _____

(Please leave "OPEN" so that we may charge any remaining balances to the credit card.)

Charge to my credit card for the following function: _____

Date of Function: ____/____/____ Time of Function: _____ No. of Guests: _____

Credit Card Number: _____ Exp. Date: ____/____/____

Cardholder Name: _____

Statement Address: _____

Telephone Number: (____) _____ Fax: (____) _____

E-Mail Address: _____

HOW DID YOU HEAR ABOUT THE BUFFET'S PRIVATE ROOM(S)? Please circle one:

- Google Search
- Phone Inquiry
- T.O.W. VIP Card
- Repeat Client
- Word of Mouth
- Email Blast
- Stratosphere Hotel & Casino website promo
- Other: _____

I authorize and acknowledge that all of the abovementioned charges will be processed to my credit card for the function(s) designated above. I understand deposits are 100% non-refundable.

Cardholder Signature: _____ Date: _____