



Future Stay Credit Card Authorization Form

RETURN BY FAX ONLY TO: 1.702.967.3820

Attention:	Guest Fax Number: Guest Contact Number:
From:	Date:

ANY ALTERATIONS TO THIS DOCUMENT WILL CAUSE AN AUTOMATIC RETURN/DECLINE

- Please indicate which property you are submitting this request for: _____
- Please complete this form and return it by fax at least 10 days **PRIOR** to your arrival date, failure to do so within the time allotted will result in an automatic **DECLINE** of the request.

Please make sure the following information is correct:

Guest Name	Confirmation #	Arrival - Departure

- I _____ (Last Name, First) authorize Caesars Entertainment® to charge the below selected transactions to _____ (Credit Card type), number _____ - _____ - _____ - _____, expiration _____ - _____.
Name of Issuing Bank: _____
Cardholder Billing Address: _____ City _____ ST _____ Zip _____

Check all that apply: Any box marked will be processed for payment

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Room & tax | <input type="checkbox"/> Processing fee (varies per property) | <input type="checkbox"/> All charges* |
| <input type="checkbox"/> Resort fee | <input type="checkbox"/> Incidental deposit (varies per property) | |
| <input type="checkbox"/> Parking fee (p/day charge) | <input type="checkbox"/> Additional deposit \$ _____ per night | |

Please note:

Any unused portion of the prepaid Deposit(s) will be refunded to the credit card listed above after check-out. Refunds will not be issued in cash.

*Pre-authorization are required for the initial incidentals deposit only and is not intended to authorize all incidental charges unless specified above.

By signing this authorization form 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 person(s)/function(s) designated above upon receipt of this form. 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, Caesars Entertainment may hold sufficient funds to cover the anticipated charges.

- Cardholder Signature _____ Date _____

Unless incidental deposit or all charges was selected above a credit card or cash deposit will be required upon check-in.

PLEASE FAX AUTHORIZATION TO: 1.702.967.3820 ATTN: Billing Department

Phone office hours are Monday-Friday from 8:00AM to 2:00PM PST.

Credit card authorizations will not be processed outside of this time frame.

The information contained in this e-mail/ fax may be legally privileged and confidential. It is intended to be read only by the person to whom it is addressed. If you have received this in error or are not the intended recipient, please immediately notify the sender and delete all copies of this message. Questions? Please call 1-866-209-4732 Billing assistance.