



Today's Date: ___/___/___

CREDIT CARD AUTHORIZATION REQUEST FORM

I hereby authorize the charges as outlined below to be charged by Mirage to my credit card for the following guest(s) and a \$10.00 Convenience fee (plus applicable tax). I understand that late cancellations and unused reservations are subject to a cancellation penalty charge which is non-refundable.

- Room Rate plus tax and Resort Fee for ___ night(s)
Room Rate plus tax (NO Resort Fee) for ___ night(s)
Including Parking Fee for ___ night(s)
Only Resort Fee

Table with 4 columns: Guest Name(s), Confirmation #'s, Arrival/Departure Date, Total Amount. Contains 5 rows for guest information.

Please check the box below if you will be covering incidental charges for the guest(s). If no selection is made The Mirage will assume No Incidentals is chosen.

- No Incidentals
All Incidentals (Food and Beverage, Business Services, Phone Charges, Show Tickets, Retail)

I do understand that this transaction is non-reversible unless the reservation(s) is/are canceled 72 hours prior to the arrival date. The credit card will not be credited and the hotel guest's card charged upon check-in. I acknowledge that all of the aforementioned charges will be processed to my credit card in the form of an advanced deposit for the person(s) designated above. I understand that if I choose to pay for incidentals as outlined above it is my responsibility to provide payment for all posted charges and hereby waive my rights to dispute or request refund of charges. Additionally, I understand I will be responsible for any damage to the room(s) or public areas caused by the identified guest(s).

Credit Card holders Signature: _____ Date: _____

ACCOUNT INFORMATION

CARDHOLDER'S NAME _____ PHONE () _____ - _____

BILLING ADDRESS _____ STATE/ZIP _____

All International credit cards must be submitted at least 30 days in advance to allow time for proper processing. Failure to submit at least 30 days in advance may delay the processing time and the guest will have to temporarily provide another form of payment for their stay.

CREDIT CARD # _____ - _____ - _____ EXP DATE _____

Our fax number is (702) 792-7632. For any questions, please contact us at (702) 791-7432