

PAYMENT CARD AUTHORIZATION

Return forms to:

 Email: lkey@mgmspringfield.com AND
 bharmon@mgmspringfield.com

TRANSACTION INFORMATION:

Select Property:
 ARIA Beau Rivage ◇ Bellagio ◇ Borgata Circus Circus ◇ Delano ◇ Excalibur ◇
 Gold Strike Tunica ◇ Luxor ◇ Mandalay Bay ◇ MGM Grand LV ◇ MGM National Harbor
 MGM Springfield Mirage ◇ New York New York Park MGM Signature Vdara

Reservation Name: _____

Check-In Date: _____

Confirmation #: _____

Please select all charges that apply:

- | | |
|---|---|
| <input type="checkbox"/> Signing Deposit \$ _____ | <input type="checkbox"/> Catering \$ _____ |
| <input type="checkbox"/> Contractual Deposit \$ _____ | <input type="checkbox"/> Business Center \$ _____ |
| <input type="checkbox"/> Full Prepayment \$ _____ | <input type="checkbox"/> Phone Charges \$ _____ |
| <input type="checkbox"/> Guar 1st Ngt \$ _____ | <input type="checkbox"/> Audio Visual \$ _____ |
| <input type="checkbox"/> Room & Tax \$ _____ | <input type="checkbox"/> Exhibitor Service \$ _____ |
| <input type="checkbox"/> Incidentals \$ _____ | <input type="checkbox"/> Resort Fee \$ _____ |
| <input checked="" type="checkbox"/> Food & Bev \$ _____ | <input type="checkbox"/> Other: \$ _____ |
| Total: \$ _____ | |

Credit Card payments will be accepted based on the terms and conditions negotiated in the contractual agreement between the parties and confirmed in writing by signature approval of this form.
 Should additional charges be incurred after the final one-hundred percent deposit is received, hotel will charge the credit card and provide a statement following the group departure.
 An additional deposit and/or full prepayment of all services may be required.

Approved By: _____ (Sign Here) Date: _____

PAYMENT CARD VERIFICATION:

AUTHORIZATION NOTE: I authorize and acknowledge that all of the charges below will be processed to my payment card as detailed above. I understand that an additional amount might be authorized for incidentals or other related charges. (If using a **Debit Card**, please be advised that this authorization may affect your checking account until final settlement of transaction). Payment Card Industry regulations prohibit merchants from requiring or making copies of your card.

- American Express
 Discover
 MasterCard
 VISA
 Diners Club
 JCB

 *Last four digits of credit card number:

*Cardholder's Full Name: _____ *Cardholder's Signature: _____ (Sign Here)

*Cardholder's Billing Address: _____ *City: _____ *State: _____ *Postal Coc _____

*Telephone Number: _____ Fax Number: _____ E-mail Address: _____

*FULL PAYMENT CARD NUMBER:

*EXPIRATION DATE: ###

* REQUIRED FIELDS