



CREDIT CARD AUTHORIZATION FORM

I hereby authorize MGM Grand Hotel, LLC ("MGM Grand"), or its designees, to charge my credit card for expenses detailed below at MGM Grand, 3799 Las Vegas Boulevard South, Las Vegas, Nevada 89109, 1-877-880-0880:

Credit Card Holder's Name: _____

Billing Address of Credit Card: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Email: _____

This billing information listed above is intended to pay for the below named guest(s) hotel reservation at MGM Grand.

**I WILL BE RESPONSIBLE FOR THE FOLLOWING CHARGES AS INDICATED WITH AN "X":
(Select Only One)**

- | | |
|---|---|
| <input type="checkbox"/> Room and Tax 1st Night ONLY | <input type="checkbox"/> Full Room & Tax & Incidentals (All charges) |
| <input type="checkbox"/> Resort Fee | <input type="checkbox"/> All Incidentals (An initial \$100 per night will be charged) |
| <input type="checkbox"/> Full Room & Tax | |
| <input type="checkbox"/> Full Room & Tax & Resort Fee | |

Confirmation Number: _____ **Number of Nights:** _____

Check-in Date: _____ **Check-out Date:** _____

Hotel Guest Name: _____

Return this form to fax number: (702) 891-3146

By signing this form you agree to pay all charges incurred, as requested by you, from MGM Grand.

Authorization Note: I authorize and acknowledge all of the foregoing charges to be processed to my credit/debit card provided for below. If using a debit card, please be advised that this authorization may affect your checking/savings account until final settlement of the transaction. Payment card regulations prohibit merchants from requiring or making copies of your credit/debit card(s). Forms must be received at least 5 days prior to arrival.

Authorized Signature: _____ **Today's Date:** _____

Credit Card Number: _____ **Exp:** _____