



**PARK MGM**  
LAS VEGAS

**CREDIT CARD AUTHORIZATION FORM**

*I hereby authorize Park MGM Las Vegas to charge my credit card for expenses detailed below at Park MGM Las Vegas, 3770 Las Vegas Boulevard South, Las Vegas, Nevada 89109, (702) 730-7777*

**Credit Card Holder's Name:** \_\_\_\_\_

**Billing Address of Credit Card:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Work Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

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

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

**ALL ROOM CHARGES**  
(\$100 per night will be charged for incidentals)

**ROOM AND TAX ONLY**

**ROOM, TAX, AND RESORT FEE**  
A daily resort fee of \$37.00 plus applicable tax will be applied to all reservations. The resort fee includes: Property-wide high-speed internet access (public spaces and in-room), unlimited local and toll-free calls, airline boarding pass printing, and fitness center access for guests 18+.

**RESORT FEE ONLY**

**GUARANTEE THE FIRST NIGHT'S ROOM AND TAX ONLY**  
(Payment card will be charged the first night's room and tax upon receiving authorization to secure deposit)

**INCIDENTAL CHARGES**  
(An initial \$100 per night will be charged for incidentals)

**OTHER:** \_\_\_\_\_

**Confirmation Number:** \_\_\_\_\_

**Number of Nights:** \_\_\_\_\_

**Check-in Date:** \_\_\_\_\_

**Check-out Date:** \_\_\_\_\_

**Hotel Guest Name:** \_\_\_\_\_

**By signing this form, you agree to pay all charges (as indicated above) incurred, as requested by you, from Park MGM Las Vegas and a \$10.00 Convenience fee (plus applicable tax).**

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

**Return this form to**  
**Email: CCAuthorization@ParkMGM.com or Fax: 702-730-7217**

**Authorized Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Exp:** \_\_\_\_\_