

Nugget

CASINO RESORT

CREDIT CARD AUTHORIZATION

FUNCTION NAME: _____

FUNCTION DATE: _____

COMPANY / ORGANIZATION: _____

CONTACT: _____

TELEPHONE: _____

EMAIL: _____

CREDIT CARD TYPE: VISA MASTERCARD AMEX DISCOVER DINER'S CLUB

Credit card number: _____ Exp. _____
Month/year

_____ (#on back of credit card - 3 or 4 digits)

Cvv2 security # (Required)

Cardholder's name

Cardholder's address (street)

(City)

(State)

(Zip)

I hereby authorize payment to this credit card for the charges to the event listed above. The itemized charges will be sent to you following this event. By signing, the Company/Organization acknowledges this credit card to be the intended method of payment.

Authorized signature: _____
Cardholder

Printed name: _____
Cardholder

Date: _____