NEW YORK NEW YORK™
LAS VEGAS HOTEL & CASINO

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CREDIT CARD AUTHORIZATION FORM
KINDLY FAX ALL COMPLETED FORMS TO (702) 740-6875
For assistance in filling out this form, call (702) 740-6822.

I hereby authorize the charges outlined below to be charged to my credit card:

***Guest Name**	***Reservation Number**	Arrival/Departure *Dates	Room & Tax Charge *Total Amount
1.			**$**
2.			**$**
3.			**$**
4.			**$**
5.			**$**

*LAST 4 DIGITS OF CREDIT CARD NUMBER					*CARD TYPE (CIRCLE ONE) AMEX DISC MASTER VISA DINERS JCB	*EXPIRATION DATE	
*CREDIT CARD HOLDER'S NAME						*PHONE	
*BILLING ADDRESS				*CITY		*STATE (Country)	*(Zip/ Postal Code)

I authorize and acknowledge that all of the aforementioned charges will be processed to my credit card for the above-mentioned persons/amounts listed and a $10.00 Convenience fee (plus applicable tax). Advisory: Debit Card users, this authorization amount will affect your checking account up to ten (10) days after the settlement of the authorized transaction. We do not accept credit card authorizations for incidental charges. We do not accept credit card authorizations for reservations made within 30 days. We only accept credit cards that have international billing address for future reservations 3 days out or more. This allows us time to obtain proper authorizations.

*CARD HOLDER'S SIGNATURE ____ DATE ________________

Manager Review_____________ Processed by: ________________Date: ______________Time:___________

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***FULL CREDIT CARD NUMBER** ***EXPIRATION DATE**

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***ASTERISK SYMBOL DENOTES INFORMATION IS REQUIRED.**