

Return forms to: Luxor Hotel & Casino

CREDIT CARD NUMBER:

Attn: Luxor In-Room Dining 3900 Las Vegas Blvd., South

Phone: (702) 262-4730 Fax: (702) 262-4799 or (702) 262-4086

Name: Company Name: Street Address:	Date:						
Street Address: City:	Name:						
Phone #: Ext: Fax # Email Address: Signature: Print Name: Amenity delivery/Hospitality Event for to be delivered on	Company Name:						
Email Address: Print Name:	Street Address:		C	City:		State:	Postal Code:
Amenity delivery/Hospitality Event for	hone #:		E	Ext:		Fax #	
CREDIT CARD AUTHORIZATION FORM For your convenience, we will use this authorization to charge your credit card account. Please complete the information requested below. CREDIT CARD VERIFICATION: American Express Discover MasterCard Visa Diners Club Diners Club Other American Express Cardholder's Name: Cardholder's Signature: Cardholder's Billing Address: City: State: Postal Code:	Email Address:						
CREDIT CARD AUTHORIZATION FORM • For your convenience, we will use this authorization to charge your credit card account. Please complete the information requested below. CREDIT CARD VERIFICATION: American Express Discover MasterCard Visa Diners Club JCB Other Cardholder's Name: Cardholder's Signature: Cardholder's Billing Address: Credit Card Authorization to charge your credit card account. Please complete the information requested below. CREDIT CARD VERIFICATION: CREDIT CARD VERIFICATION:				F	rint Name:		
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EXP DATE: