



Internal Use Only- FD

Guest Last Name: _____

Conf#: _____ Arrival Date: _____

Credit Card Authorization Form

DATE: _____

Toll-Free Reservation Line: 800-813-7349

ATTENTION: _____

Front Desk Phone: 952-403-5200

FROM: _____

Front Desk Fax: 952-403-5240

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Hotel Guest: _____

Confirmation Number: _____ Arrival: _____ Departure: _____

Authorize Credit Card Holder: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Street Address (if different): _____

City: _____ State: _____ Zip: _____

Credit Card #: _____ Exp. _____

THIS FORM MUST BE COMPLETED IN FULL AND INCLUDE A COPY THE CARDHOLDER'S PICTURE ID.

This form is to certify that the *Hotel Guest* is authorized by the *Authorized Credit Card Holder* to use the credit card listed above for the following charges: (please circle all that apply)

1.Room/Tax 2.Food and Beverage 3.Movies 4.Phone 5.Spa 6.Golf 7.Other _____

The charges are not to exceed \$ _____ and are anticipated to incur between the dates of _____ and _____.

All hotel rooms at Mystic Lake Casino Hotel will require a \$25 credit card authorization at check-in. Would you like to use the provided credit card for the authorization?

_____ YES, use the credit card listed above

_____ NO, the guest will provide their own credit card for the authorization

This letter is legally binding

Signature of Cardholder: _____