

LUXOR[®]

L A S V E G A S

Return forms to: Luxor Hotel & Casino
Attn: Luxor In-Room Dining
 3900 Las Vegas Blvd., South
Phone: (702) 262-4730 **Fax: (702) 262-4799 or (702) 262-4086**

Date:			
Name:			
Company Name:			
Street Address:	City:	State:	Postal Code:
Phone #:	Ext:	Fax #	
Email Address:			
Signature:		Print Name:	

Amenity delivery/Hospitality Event for _____ to be delivered on _____, _____

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD

- 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

Last four digits of credit card number:

REQUIRED FOR PCI COMPLIANCE

Cardholder's Name:		Cardholder's Signature:	
Cardholder's Billing Address:	City:	State:	Postal Code:

Detach and shred credit card number after transaction has been processed and approved in the POS!!!

CREDIT CARD INFORMATION:

CREDIT CARD NUMBER:

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EXP DATE:

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