



Credit Card Authorization Form

This form is used to allow you to have third party expenses charged to your credit card. Please take a moment to complete the form below and return it to us. Please fax the completed form along with a copy of the front and back of your credit card and identification (driver's license or government issued identification) to 509-481-6176. If you have any questions please call 877-871-6772

Cardholder Information

Cardholder Name: _____
(Print name exactly as it appears on card)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Guest Information:

Guest Name: _____

Phone Number: (_____) _____

Confirmation Number: _____ Arrival Date: _____ Departure Date: _____

Room Rate: _____ Number of Nights: _____

Approved Charges or **Approved Dollar Amount \$** _____

- | | | | |
|---|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Room & Fees only | <input type="checkbox"/> All Charges | <input type="checkbox"/> Incidental Deposit (required for every stay) | |
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Telephone | <input type="checkbox"/> Spa | <input type="checkbox"/> Room Service |
| <input type="checkbox"/> Movies | <input type="checkbox"/> Lounge/Bar | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Misc |

I hereby authorize Northern Quest Resort & Casino to collect payment for all charges as indicated in the Approved Charges section of this form by processing a charge to the credit card ending in (last 4 digits) _____. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify I am the authorized signed of the credit card listed above.

Please Note: An alternate form of payment will be required at check-in, if the above paperwork is not complete and/or legible. The Front Desk does not accept personal and/or business checks upon arrival.

The information below will be discarded once payment is processed

Credit Card Type: Visa MasterCard Discover American Express
(Please Check One)

Credit Card Number: _____ Exp. Date: ____/____/____ CVS # _____
(3 digit verification)