



## **CREDIT CARD AUTHORIZATION FORM**

*I hereby authorize The Signature Condominiums, LLC, or its designees, to charge my credit card for expenses detailed below at The Signature at MGM Grand Hotel, 145 E Harmon Ave, Las Vegas, Nevada 89109, 1-702-797-6020:*

**Credit Card Holder's Name:** \_\_\_\_\_

**Billing Address of Credit Card:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

*This billing information listed above is intended to pay for the below named guest(s) hotel reservation at The Signature at MGM Grand.*

**I WILL BE RESPONSIBLE FOR THE FOLLOWING CHARGES AS INDICATED WITH AN "X":  
(Select Only One) FROM THE ATTACHED RESERVATION FORM.**

- |                          |                              |                          |  |
|--------------------------|------------------------------|--------------------------|--|
| <input type="checkbox"/> | Room and Tax 1st Night ONLY  | <input type="checkbox"/> | Full Room & Tax & Incidentals (All charges)                  |
| <input type="checkbox"/> | Daily Resort Fee and Tax     | <input type="checkbox"/> | All Incidentals (An initial \$100 per night will be charged) |
| <input type="checkbox"/> | Full Room & Tax              |                          |  |
| <input type="checkbox"/> | Full Room & Tax & Resort Fee |                          |  |

**Confirmation Number:** \_\_\_\_\_ **Number of Nights:** \_\_\_\_\_

**Check-in Date:** \_\_\_\_\_ **Check-out Date:** \_\_\_\_\_

**Hotel Guest Name:** \_\_\_\_\_

**Return this form to fax number: 702-797-6154**

**By signing this form, you agree to pay all charges (as indicated above) incurred, as requested by you, from The Signature at MGM Grand and a \$15.00 Convenience fee (plus applicable tax).**

Authorization Note: I authorize and acknowledge all of the foregoing charges to be processed to my credit/debit card provided for below. If using a debit card, please be advised that this authorization may affect your checking/savings account until final settlement of the transaction. Payment card regulations prohibit merchants from requiring or making

**Authorized Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Exp:** \_\_\_\_\_