

Credit Card Authorization Form

Date:

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 360-716-6209. If you have any questions please call 866-716-7162.

Cardholder Information Name (as it appears on the credit card) Card Type: □ Visa ☐ Master card ☐ American Express \square Discover \square Diners/CB \square JCB Card Number _____ Exp. Date _____ Account Type: Individual personal credit card □ Corporate/Company credit card – Name: _____ City, State, and Zip Code: Phone Number: _____ Fax Number: _____ **Guest Information** Guest Name: Phone Number: Fax Number: Confirmation Number: _____ Arrival Date: _____ Departure Date: _____ Room Rate: _____ # of Nights: _____ # of Nights: _____ # of Nights: _____ **Approved Charges** Approved Dollar Amount \$_____ or ☐ Incidental Deposit (*required for every stay*) ☐ Room and Tax ☐ All Charges ☐ Telephone ☐ Restaurants ☐ Room Service ☐ Valet (Laundry) ☐ Movies ☐ Lounge/Bar ☐ Telephone ☐ Gift Shop □ Spa I hereby authorize Tulalip 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 listed above. 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 signer of the credit card listed above. Cardholder Name (printed): Date: _____

Cardholder Signature: