

**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 within 48 hours. 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 360-716-6909. If you have any questions please call 866-716-7162.

**Cardholder Information**

Name (as it appears on the credit card) \_\_\_\_\_

Card Type:   \_\_ Visa                   \_\_ MasterCard       \_\_ American Express  
                  \_\_ Discover           \_\_ Diners/CB        \_\_ JCB

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Account Type:    Individual personal credit card  
                       Corporate/Company credit card – Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Guest Information**

Guest Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Room Rate: \_\_\_\_\_ Taxes: \_\_\_\_\_ Total Daily Rate: \$ \_\_\_\_\_ # of Nights: \_\_\_\_\_

**APPROVED CHARGES –**

- ALL Charges (to include Room/Tax/Incidentals)
- Room and Tax (only)
- Gift Card \_\_\_\_\_ amount

Additional Instruction:  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use

Rcvd: \_\_\_\_\_  
Entered: \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_