



NorthLegal Bankruptcy Conference Hotel Contact:
 Kim Niccum, Harrah's Group Reservations
 Telephone/Fax: 702.667.1763
 Email: kniccum@harrahs.com
 NOTE: If FCU, be sure to attach Tax Exempt Form

CREDIT CARD AUTHORIZATION FORM

Group Name: _____ **Group Code:** _____

Arrival Date: _____ **Departure Date:** _____ **Property Name** _____

Credit Card Number: (To be entered on the bottom of the form in the blocks provided)

Cardholder's Name: _____
 (As it appears on the credit card)

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ **Fax Number:** _____

Expiration Date: _____

Amount to be charged: _____ **Date to be Charged:** _____ **Daily Limit: \$** _____

I authorize and acknowledge all of the aforementioned charges and any additional charges will be posted to my credit card in the form of an advance deposit or for full payment for the person(s)/function(s) designated above. I acknowledge that any cancellation fees, penalties or minimum requirements agreed to in our signed contract may also be charged to my credit card. I understand that upon receipt of this form, Caesars Entertainment, may hold sufficient funds to cover the anticipated charges.

Cardholder's Signature

Date

Please fax the completed form to: (702) 443-9383 **ATTN:** _____

Note: For security purposes, please do not email this form

This Block for Company use only:

Charge Processed by: (Employee Name) _____

Employee to enter the date card information was entered into POS System _____

Employee to enter the reference to the Confirmation Number or the Transaction Number the charge is applied to: _____

Customers - Please write each digit of your Credit Card Number in the 16 blocks provided below:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Card numbers to be removed after posting)