

PALACE STATION®

CREDIT CARD AUTHORIZATION

Group Name: _____

Arrival Date: _____

Departure Date: _____

Hotel: **Palace Station Hotel & Casino**

Group Code: _____

CREDIT CARD INFORMATION:

The credit card below will be charged in full upon receipt. If you indicated payment for incidentals, your card will also be charged at check out to cover these charges. A Station Casinos Team Member will call you to confirm your request and obtain the full credit card number and the CVV2 code on the back or front of the credit card.

Card Number: _____ Exp: _____

Card Holder Name: _____

Company/Group: _____

Billing Address: _____

Phone Number: _____

Email Address: _____

Attendee(s) Authorized to Sign for Charges: _____

PLEASE INITIAL EACH CHARGE BEING AUTHORIZED TO THIS CARD FOR YOUR ENTIRE VISIT:

Estimated Pre-Payment/ Deposits/ Final Charges: _____
(Initials)

Hotel Room / Tax / Resort Fee: _____
(Initials)

Hotel Room/Tax/ Resort Fee (Guarantee only; Individuals on own): _____
(Initials)

Banquet/Audio Visual/Meeting room rental/ Internet: _____
(Initials)

Limited Incidentals: _____
(Initials) (Description Required)

Attrition / Cancellation charges if applicable: _____
(Initials)

I _____ authorize Palace Station to charge this credit card.
As the card holder I understand Palace Station's goal is to protect my privacy and remain PCI compliant, therefore, it is not necessary to provide a copy of the front or back of the credit card. By completing this form I agree to the charges to be placed on my card and will not dispute them.

Authorized Signature: _____ Date: _____

CC Number: _____ **Authorization Code:** _____