



## **CREDIT CARD AUTHORIZATION FORM**

### **CARD HOLDER INFORMATION:**

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Group/Convention Name: \_\_\_\_\_

Group Arrival Date: \_\_\_\_\_

Credit Card Type

Visa

Discover

Master Card

Diners Club

American Express

Cart Blanche

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

Card holder signature \_\_\_\_\_

I hereby authorize the Mohegan Sun to charge my credit card, listed above, for the following charges:

Type/Amount of Charge:      DEPOSIT:\$ \_\_\_\_\_ Initials: \_\_\_\_\_

MASTER ACCOUNT:\$ \_\_\_\_\_ Initials: \_\_\_\_\_

### **AUTHORIZED CHARGES TO BE SETTLED TO THE CREDIT CARD (Please Circle)**

All Master Account Charges

Room & Tax

Banquet Charges

Audio Visual

Meeting Room Rental

Phone / Electrical

Restaurants

Other/Additional Charging Information: \_\_\_\_\_

### **FORM RETURN INFORMATION:**

Please send completed request form to:

#### **EMAIL**

**FAX: (860) 862-7155**

**Carrie Arteaga, CMP**

**Service Manager**

Convention Sales & Services

Mohegan Sun

1 Mohegan Sun Blvd

Uncasville, CT 06382