



CREDIT CARD AUTHORIZATION FORM

Today's Date: _____

Please return to: **MGM Grand Production Department** - 702-891-1150
4701 Koval Lane, Las Vegas, NV. 89109 - Fax: 702-891-1007

I hereby request the charges outlined below to be charged to my credit card:

Entertainment and/or Audio Visual costs incurred as noted below:

Items:

Amount:

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Total

\$ _____

For Booking Post As: _____

Name: _____

Credit Card Statement Address: _____

Telephone: _____ Fax: _____

I authorize and acknowledge that all of the aforementioned charges will be processed to my credit card by the *MGM Grand* and/or *The Signature at MGM Grand* for the above-mentioned persons/items. (Advisory: Debit Card users only, this authorization amount may affect your checking account until settlement of transaction.) Payment Card Industry regulations prohibit merchants from requiring or making photocopies of your credit / debit cards.

Cardholder Signature: _____ **Date:** _____

Office Use Only					
AVS:		Date:		Supervisor:	

*Last(4)Digit of Credit Card: _____ *Expiration Date: _____

*FULL CREDIT CARD NUMBER:

*EXPIRATION DATE:

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*REQUIRED FIELDS