



TREASURE ISLAND

CREDIT CARD AUTHORIZATION REQUEST FORM

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE FAX NUMBER LISTED BELOW.

FAX #:

FROM: bholmes@montymorris.com

ATTN:

DATE:

10/26/14

I hereby authorize the charges, as outlined below, to be charged by Treasure Island to my credit card for the following guest(s). I understand that late cancellations and unused reservations are subject to a cancellation penalty charge which is non refundable.

11ST NTS RM/TX ☐ 1ST NTS RM/TX ☐ ALL NTS RM/TX ☐ ALL NTS RM/TX ☐ Resort Fee's of \$28.00 Per Night (Any & all Charges) Plus Resort Fee of \$28.00 Plus Resort Fee of \$28.00

Name of Guest(s) Confirmation # Arrival Rate/Rate Changes Total Charged

(1) Arrington, Chad

3206K 10/05

113⁷²

\$ 571.31

(2)

Resort Fee @ 28⁰⁰ x 5 nts

\$ 140⁰⁰

(3)

(4)

TOTAL:

Plus incidentals OPEN

ACCOUNT INFORMATION

CREDIT CARD INFO (Type) AMEX Last 4 Digits 1003 All fields must be completed

EXP. DATE

07/16

PHONE #

(493) 562 3599

STATE/ZIP

MD 21218

CARDHOLDER'S NAME

Greg Holmes

BILLING ADDRESS

3541 Newland Rd

PLEASE NOTE THAT THE RESERVATION (S) WILL NOT BE GUARANTEED UNTIL THIS

FORM IS FAXED BACK TO (702) 894-7623, AND ACCOUNT INFORMATION IS VERIFIED

do understand that this transaction is non-reversible unless the reservation(s) is/are canceled 48 hours prior to arrival date. The credit card will not be credited and the hotel guest's card charged upon check-in. I acknowledge that all of the aforementioned charges will be processed to my credit card in the form of an advanced deposit for the person(s) designated above. Late cancellations and unused reservations are subject to a penalty charge.

Signature of Cardholder

Date

10/6/14

FOR ANY QUESTIONS PLEASE CONTACT US AT 1-800-944-7444 Ext. 7432