TULSA

Credit Card Authorization

Date: _____

Organization: _____

Contact: _____

Address: _____

Telephone: _____

Facsimile: _____

Email: _____

GROUP: CasinoFest 9

Credit Card Billing Authorization Hard Rock Hotel & Casino Tulsa
You are hereby authorized to use the following credit card to cover the requested deposit and final payment of master account.

Please copy the front and back of the credit card and send it with this form. As a matter of security, this form must be received prior to arrival unless the cardholder is present.

_____

Card Holder's Name as it appears on the card

_____

Card Type

_____

Credit Card Number Expiration Date

Authorized by_____

Cardholder's Signature Date

Please fax to the attention of Linda Wall at 918-384-7591