



77 Sands Blvd, Bethlehem PA 18015

FAX: 484.777.7142

PHONE: 877.726.3777

**CREDIT CARD AUTHORIZATION FORM**

To: \_\_\_\_\_

Company: \_\_\_\_\_

From: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

Email: \_\_\_\_\_

\*CREDIT CARD:  American Express  Visa/Master Card  Discover

Please Print Clearly

\* CREDIT CARD NUMBER: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\* CARD HOLDER'S NAME: \_\_\_\_\_

\* CARD HOLDER'S BILLING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

\* CARD HOLDER'S PHONE NUMBER \_\_\_\_\_

\* PLEASE CHECK TO VERIFY THE BELOW:

I hereby authorize for each of the below to be charged.

\* CARD HOLDER'S SIGNATURE: \_\_\_\_\_

By signing above I hereby authorize the Sands Casino Resort to charge the deposit to my credit card immediately. I have reviewed the above and below information and agree that the information is accurate and true. I understand that this transaction [authorizing a charge] is **NON-reversible**.

**\*\*Upon completion of this form, please submit a photocopy of the Credit Card Holder's valid photo I.D. Which is Vital & Necessary for the Hotel to Complete this Authorization\*\***  
**\*\*Any additional charges incurred above the amount authorized below will be the responsibility of the registered guest\*\***

**Conference Room Rates:**

Saturday, October 10, 2015: \$200.00, Sunday, October 11 through and including the evening of October 15, 2015: \$159.00

Guest Name	Arrival Date	Departure Date	Special Requests
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**The above credit card will be charged a first nights room and tax deposit to guarantee this reservation.**

*To prevent unauthorized access or disclosure, we have implemented procedures to safeguard and secure the information we receive. However, we are not able to verify the security of such information during electronic transmission to us. Therefore, we recommend that this form be faxed to the number listed above or sent using email encryption technology.*