



**Third Party Credit Card Authorization
Zia Park Casino, Hotel & Racetrack
For PERMANENT use.**

Name of Company: _____
 Rate Code: _____
 First Date for Authorized Use: _____
 Credit Card Last 4 Digits Only: _____
 Credit Card Expiry: _____
 CCV: _____

Full Credit Card number must be provided over the phone. Please DO NOT provide full number written down or photo copy of card.

Company Billing Address

Acceptable Charges

Please circle yes or no.

- | | | | | | |
|---------------------|-----|----|-------------------------|-----|----|
| 1) Room and Tax: | yes | no | 4) All Food & Beverage: | yes | no |
| 2) All Incidentals: | yes | no | 5) Food Only: | yes | no |
| 3) Movies: | yes | no | 6) Gift/Sundries Shop: | yes | no |

Additional Nights may be Authorized via Phone: yes no
 please include list of names authorized to extend stay:

Comments or Notes: _____

Contact Person & Title: _____
 Contact Phone: _____
 Signature: _____

If you wish to allow additional charges after submitting this form to Zia Park Hotel,
 please complete this page again and return to Hotel.