

Third Party Credit Card Authorization Zia Park Casino, Hotel & Racetrack

	Name of Guest:				
	Date of Arrival:				
	Date of Departure:				
	If multiple guests, plo	ease ir	nclude additional names on se	parate shee	t and attach.
redit (Card Last 4 Digits Only:				
	Credit Card Expiry:				
	CCV:				
	Full Credit Card number m		provided over the phone. Please tten down or photo copy of card	•	ovide full numbe
			Acceptable Charges		
			Please circle yes or no.		
1)	Room and Tax:	yes	no		
2)	All Incidentals:	yes	no		
3)	Movies:	yes	no		
4)	All Food & Beverage:	yes	no		
5)	Food Only:	yes	no		
6)	Gift/Sundries Shop:	yes	no		
	Additional Nights please include list of nan		oe Authorized via Phone: thorized to extend stay:	yes	no
	Comments or Notes:				
C	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.

fax: 575-492-7132