



CREDIT CARD AUTHORIZATION FORM - Dining

I understand and agree that this form is REQUIRED to confirm one or more dining reservations. In addition to the FULLY PAID pre-selected menu(s), I authorize any additional food and/or beverages, ordered on property during my event, be posted to my credit card for the person(s)/function(s) designated below. I understand and agree that Vegas Girls Night Out will NOT be held responsible for these potential charges. I understand and agree that this potential transaction, once executed, is NON-REVERSIBLE and NON-REFUNDABLE.

Reservation Name: _____ Event Date: _____ Property: _____

Reservation Name: _____ Event Date: _____ Property: _____

Cardholder's Signature: _____ Cardholder's Name: _____

Billing Address: _____ City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Contact Number: _____ Email Address: _____

Credit Card Number _____

Expiration Date: __ __ / __ __ CVV2 Code: _____

Please return the completed form to:

FAX (702) 617-8769 - Attn: VGNO

Email: Info@VegasGirlsNightOut.com

This Block For Company Use Only:

Charge Amt. Presented to Guest: \$ _____ **Charge Processed By:** _____

Notes:
