



Soaring Eagle Casino & Resort

Credit Card Authorization Form

I authorize my credit card to be charged up to the "Maximum Amount" indicated below for the following services at Soaring Eagle Casino & Resort, Mount Pleasant, Michigan. **Please complete one form per reservation/room.**

Guest Name: _____

Reservation Number: _____

Arrival Date: _____ Departure Date: _____

Guest's Mailing Address: _____

Guest's Phone Number: _____

I agree to cover the following charges: (Please check all that apply)

- Room for 1 night only Room for _____ night(s) Meals Alcohol
- Authorization Hold **All Charges** (Includes room, authorization hold & all charges made to room)

***I agree to cover the above indicated charges up to a *Maximum Amount* of \$** _____
(Maximum amount is required)

Credit Card Type: Visa MasterCard Discover American Express Diners Club
(Please Check One)

Credit Card Number: _____ **Exp. Date:** ____/____

Cardholder's Name: _____
(Print name exactly as it appears on card)

Credit Card Holder's Phone Number: _____

Company Name: _____

Signature: _____ **Today's Date:** _____

IMPORTANT NOTE: Due to credit card regulations, the following paperwork will be required if the cardholder is not present at check-in:

- **Legible photocopy of the front and back of the credit card**
- **Legible photocopy of the cardholder's photo identification**
- **Completed credit card authorization form**

Please Note: An alternate form of payment will be required at check-in, if the above paperwork is not complete and/or legible. The Front Desk does not accept personal and/or business checks upon arrival.

Please return this form to Soaring Eagle Casino & Resort, Reservations Department, 6800 Soaring Eagle Boulevard, Mt. Pleasant, MI 48858 or Fax to: 989-775-5686, Attn: Reservations. If you have questions, please call Reservations directly at 1-877-232-4532.