



Soaring Eagle Casino & Resort

Credit Card Authorization Form

I authorize my credit card to be charged up to the "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)

****All Charges include the room, authorization hold & all charges made to room.**

Room Only up to a Maximum Amount of \$ _____
(Maximum amount is required and will be charged at time of reception)

**All Charges (room and incidentals) up to a Maximum Amount of \$ _____
(Maximum amount is required and total room cost will be charged at time of reception)

Credit Card Type: **Visa** **MasterCard** **Discover** **American Express** **Diners Club**
(Please Circle 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:** _____
(Electronic Signatures Not Accepted)

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

- **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 the completed form to:

Mail: Soaring Eagle Casino & Resort, Call Center, 6800 Soaring Eagle Boulevard, Mt. Pleasant, MI 48858, Fax: 989-775-5686, Attn: Call Center, or by Email: callcenterleads@sagchip.org. If you have questions, please call the Call Center directly at 1-877-232-4532.