



**NORTTHERN LIGHTS CASINO AND HOTEL CREDIT CARD AUTHORIZATION FORM**

Name of person authorized to use card:

Print: \_\_\_\_\_

Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_

In lieu of my credit card imprint, I hereby authorize:

1. Authorize my credit card for amount of the stay. I understand my credit card will be charged for any unpaid balances upon check out. Yes \_\_\_\_\_ No \_\_\_\_\_
2. Above authorized person may charge my Credit Card for lodging charges only, including taxes (no incidentals). Yes \_\_\_\_\_ No \_\_\_\_\_
3. Above authorized person may charge my Credit Card for Lodging Charges, including taxes and all incidental expenses. Yes \_\_\_\_\_ No \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Billing address (for CC) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Signature of Card Holder's Credit Card Authorizing the use of the Credit Card:

\_\_\_\_\_  
Signature Date

**IMPORTANT! Please attach a copy of the credit card along with a copy of CC holders photo I.D.**

Northern Lights Casino Hotel  
6800 Y Frontage Rd  
Walker Minnesota 56484  
866-652-4583 Hotel  
218-335-3167 Hotel Fax