



**Saratoga Casino Hotel**  
**342 Jefferson Street**  
**Saratoga Springs, NY 12866**  
 Telephone: 518-682-8888  
 Fax: 518-682-8121

Email:reservations@saratogacasino.com  
**CREDIT CARD AUTHORIZATION FORM**

<b>BUSINESS CONTACT INFORMATION</b>		
ARRIVAL DATE:	Master Account Number:	
NAME OF COMPANY OR INDIVIDUAL(S) ("YOU") :		
PHONE:	FAX:	
COMPANY/INDIVIDUAL ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT NAME:		
<b>CREDIT CARD INFORMATION</b>		
NAME OF CARD HOLDER:		
LAST <b>FOUR</b> DIGITS OF ACCOUNT NUMBER:		
EXPIRATION DATE:	CVV CODE:	
CARD TYPE: <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER		
<input type="checkbox"/> COMPANY CREDIT CARD <input type="checkbox"/> PERSONAL CREDIT CARD		
EMAIL ADDRESS FOR RECEIPT:		
COMPANY NAME:		
<b>AGREEMENT</b>		
1. This information is required for Credit Card Authorization and must be returned with signed contract.		
2. I authorize <b>Saratoga Casino Hotel</b> to charge the above named account for the charges listed below:		
<input type="checkbox"/> Guarantee Only	<input type="checkbox"/> Guest Room and Tax	
<input type="checkbox"/> Banquet Event, all charges	<input type="checkbox"/> Guest Room, Tax and Incidentals	
<input type="checkbox"/> Meeting Room charge	<input type="checkbox"/> Remaining Balance on Account	
<input type="checkbox"/> Deposit(s)	<input type="checkbox"/> Specific Amount:_____	
3. I agree to pay the above total amount according to card issuer agreement.		
<b>SIGNATURE</b>		
X _____		
Title:	Date:	

**Cardholder MUST complete the section below this line**

*This portion will be shredded once the credit card is processed:*

Full Credit Card Account Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_