



CREDIT CARD AUTHORIZATION FORM

Today's Date: _____

Please return to: MGM Grand Detroit Catering Department/Attn:
1777 Third Street – Detroit, Michigan 48226

Fax 313-965-3788

I hereby authorize the charges outlined below to be charged to my credit card (Check Applicable Charges) :

HANDLING FEES (per parcel):		_____
<input type="checkbox"/>	1 – 5 Boxes	\$ 10.00
<input type="checkbox"/>	6 – 10 Boxes	\$20.00
<input type="checkbox"/>	11 – 15 Boxes	\$40.00
<input type="checkbox"/>	16+ Boxes	\$60.00
<input type="checkbox"/>	Full Pallet	\$75.00
<input type="checkbox"/>	2+ Pallets	\$150.00

Total Charges: \$ _____

For accuracy in shipping your material, please use the following shipping information:

MGM Grand Detroit – Meetings and Events

Attention: Andrea Crawford (Third Floor Hotel Sales Office)

RE:

Hold For: Insert Guest/Company Name

1777 Third Street

Detroit, MI 48226

Group Name: _____

Arrival Date: _____

Credit Card #: _____ **Expiration Date:** _____

Name: _____

Credit Card Billing Address: _____

Telephone: _____ **Fax:** _____

I authorize and acknowledge that all of the aforementioned charges will be processed to my credit card for the above mentioned persons/items. (Advisory: Debit Card users only, this authorization amount may affect your checking account until settlement of transaction.)

Signature: _____ **Date:** _____

For Office Use Only:

AVS _____ DATE _____ SUPERVISOR _____

Master Account # _____