



CREDIT CARD AUTHORIZATION FORM

777 Avenue L'Auberge Lake Charles Louisiana 70601
Main Hotel Phone 337-395-7777
Return Credit Card Authorization to
Fax 337-395-7764

Today's Date: _____ Guest Name: _____

Date of Arrival: ___/___/___ Date of Departure: ___/___/___ Reservation #: _____

Authorized Charges to Credit Card (**please initial adjacent to all acceptable charges**)

*L'Auberge Casino Resort requires a \$50 per night deposit which must be obtained via a Credit/Debit Card.
The option below for "Deposit Only" will not cover Room & Tax or any additional charges.
Cardholder agrees to cover applicable No-Show Charges if room is not canceled 24hours before arrival.*

ROOM & TAX ONLY ALL CHARGES \$50 PER NIGHT DEPOSIT ONLY

The above named guest of L'Auberge Casino Resort Lake Charles has my permission to use my credit card for the above-initialed purpose(s). I understand that this form constitutes a legally binding contract and that by affixing my signature to this form I will be held responsible for all agreed upon initialed charges, any and all collection, and legal fees. This form is only valid after sufficient authorization has been obtained by the cardholder's institution. **Cardholder understands debit card authorizations may take up to thirty days to clear. Cardholder understands L'Auberge Casino Resort will not be responsible for holds or fees associated with using debit card.**

Cardholder/Authorizer's Signature: _____
Must be signed by person whose name appears on the credit card

Cardholder's Printed Name: _____
Please print the name as listed on the credit card

Credit Card Type (Please Indicate which card):

_____ American Express _____ Discover _____ Master Card _____ VISA

Credit Card #: _____ Expiration Date: ___/___/___

***For your security, a L'auberge Casino Resort representative will contact you to acknowledge receipt of form and the verify the intended use of your credit card.**

Cardholder/Authorizer's **Phone Number** for verification of card number: _____

Please return this form to the aforementioned FAX NUMBER along with a copy of the cardholder's government issued identification. All forms must be received 7 business days prior to arrival to ensure proper processing time. EMAILS WILL NOT BE ACCEPTED

Received and processed by: _____ Date: _____