

PARAGON CASINO HOTEL Credit Card Billing Authorization For Non Credit Card Holder

This document authorizes Paragon Casino Resort, Marksville, LA, to charge all incurred charges by the undersigned guest to the credit card listed below:

Guest _____ Confirmation: _____

Arrival Date: _____ Departure Date: _____

For: All charges Room/Tax only Incidental Charges other

Cardholder Name: _____

Address: _____

City: _____

Phone: _____ Fax: _____

Other info: _____

American Express Visa MasterCard Discover

Card# _____ Exp. Date: ____ / ____

I understand that I am responsible for any charges indicated above. In addition, I understand that my credit will automatically be charged in any instance of a "no-show" reservation.

I hereby grant authorization for all charges with the affixed signature below:

Cardholder Signature: _____ Date ____ / ____ / ____

A credit card imprint and picture I.D. must also be provided to the Hotel Front Desk. Please fax this information 318-253-8050. Please make sure all information is complete.