



**Return forms to:** Luxor Hotel & Casino  
**Attn: Luxor In-Room Dining**  
 3900 Las Vegas Blvd., South  
**Phone: (702) 262-4730**      **Fax: (702) 262-4799 or (702) 262-4086**

Date:			
Name:			
Company Name:			
Street Address:	City:	State:	Postal Code:
Phone #:	Ext:	Fax #	
Email Address:			
Signature:		Print Name:	

Amenity delivery/Hospitality Event for \_\_\_\_\_ to be delivered on \_\_\_\_\_, \_\_\_\_\_

## CREDIT CARD AUTHORIZATION FORM

**CREDIT CARD**

- For your convenience, we will use this authorization to charge your credit card account. Please complete the information requested below.

**CREDIT CARD VERIFICATION:**

American Express   
  Discover   
  MasterCard   
  Visa   
  Diners Club   
  JCB   
  Other

Last four digits of credit card number:

**REQUIRED FOR PCI COMPLIANCE**

Cardholder's Name:		Cardholder's Signature:	
Cardholder's Billing Address:	City:	State:	Postal Code:

**Detach and shred credit card number after transaction has been processed and approved in the POS!!!**

**CREDIT CARD INFORMATION:**

CREDIT CARD NUMBER:

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EXP DATE:

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