

# STRATOSPHERE

HOTEL | CASINO | TOWER

## CREDIT CARD AUTHORIZATION FORM

FAX THIS FORM TO:

**ATTENTION: Catering Department**

**702-383-5379**

Or scan and email to: [Privatedining@stratospherehotel.com](mailto:Privatedining@stratospherehotel.com)



\_\_\_\_\_ Proposal in the Sky \$450.00 Inclusive. Non-refundable or transferable.

\_\_\_\_\_ Deluxe Proposal in the Sky \$785.00 Inclusive. Non-refundable or transferable.

In the event that you are more than fifteen (15) minutes late from the scheduled time, a \$150 fee will be charged to the card on file. In the event that your arrival is more than thirty (30) minutes late from the scheduled time, the event will be canceled with no refund.

If you would like to re-book your proposal, you can speak with a coordinator during normal business hours.

Name of Guest Proposing: \_\_\_\_\_

Date of Function: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ <sup>Month Date Year</sup> Time of Function: \_\_\_\_\_ No. of Guests: \_\_\_\_\_

Last Four of Credit Card Number: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

If VISA/MasterCard, Name of Issuing Bank: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Statement Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_

**\*NOTE: A representative of the Stratosphere Catering Office will contact you at the above phone number within 48 hours to confirm payment information.**

E-Mail Address: \_\_\_\_\_

\*\*\*I authorize & acknowledge that all of the above mentioned charges will be processed to my credit card for the function(s)/wedding designated above: I understand deposits are 100% non-refundable.\*\*\*

Authorized Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**How did you hear about The Stratosphere Buffet Private Room? Please circle one:**

Google Search Phone Inquiry Repeat Client Word of mouth Email Blast Stratosphere website promo  
Yahoo Search the Knot.com LVCVA Search or Other: \_\_\_\_\_