



**CREDIT CARD AUTHORIZATION FORM**

Name of person authorized to use card:

Print: \_\_\_\_\_

Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_

In lieu of my credit card imprint, I hereby authorize:

1. Authorize my credit card for amount of the stay. I understand my credit card will be charged for any unpaid balances upon check out. Yes \_\_\_\_\_ No \_\_\_\_\_
2. Above authorized person may charge my Credit Card for lodging charges only, including taxes (no incidentals). Yes \_\_\_\_\_ No \_\_\_\_\_
3. Above authorized person may charge my Credit Card for Lodging Charges, including taxes and all incidental expenses. Yes \_\_\_\_\_ No \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Billing address (for CC) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Signature of Card Holder's Credit Card Authorizing the use of the Credit Card:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IMPORTANT! Please attach a copy of the credit card along with a copy of CC holders photo I.D.**

Cedar Lakes Hotel  
6268 Upper Cass Frontage Road NW  
Cass Lake Minnesota 56633  
1-844-554-2646  
[clreservations@leechlakegaming.com](mailto:clreservations@leechlakegaming.com)