


Chinook Winds
CASINO RESORT
CREDIT CARD AUTHORIZATION FORM

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____

PHONE: _____

EVENT DATE: _____

EVENT: _____

VISA
AMERICAN EXPRESS
MASTERCARD
DISCOVER

CARD NUMBER _____ EXP DATE _____

I, the undersigned, authorize Chinook Winds Casino Resort to process the payment for, deposit, hotel and/or convention services. I also authorize that if no other payment arrangements have been made the residual charges will also be applied to this method of payment.

PRINTED NAME

SIGNATURE

DATE