



CREDIT CARD AUTHORIZATION FORM

Name of person authorized to use card: Jennifer Hiltz/Leech Lake Gaming Accounts Receivable Associate

Card Holder Name _____

Card Number _____

Exp. Date _____

Billing address (for CC) _____

City, State, Zip _____

Amount _____

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 return to Jennifer Hiltz

Leech Lake Gaming
6268 Upper Cass Frontage Road NW
Cass Lake Minnesota 56633
Phone: 218-335-7510
Fax: 218-335-7527
Jennifer.Hiltz@leechlakegaming.com