

Authorization Agreement & Account Verification

By submitting this signed and dated form, along with the additional information requested, I am authorizing and fully acknowledging the following:

- I am the authorized cardholder and will honor all purchases initiated by me to my account whether completed by telephone or internet
- I certify that the information provided and supporting documentation is truthful and accurate
- I am of the age of majority (18 years or older depending on your jurisdiction)
- I have read and accepted the terms of use as listed elsewhere on this website

Please enter your information below.

Customer Account ID:	<input type="text"/>		
Full Name:	<input type="text"/>		
Phone:	<input type="text"/>		
Email:	<input type="text"/>		
Card Number:	<input type="text"/>		
Expiration Date	Month <input type="text"/>	Year	<input type="text"/>
Issuing Bank Name	<input type="text"/>		
Issuing Bank Phone	<input type="text"/>	Toll free# on back of the card	

Please capture both sides of the card

Front Copy of Card

Back Copy of Card

I hereby understand and authorize the above as evidenced by my signature below

Signature: _____ Date: _____

Note: Please be informed that the Casino has a strict and straightforward confidentiality policy. All payment records remain totally secure.