

CREDIT CARD AUTHORIZATION FORM

Please fill out and sign and send this form alongside copies of the following documents to documents@jackpotcapital.com



- 1) Copy of your valid Driver License or Passport
- 2) Copy valid Driver License or Passport of the card holder of each authorized credit card
- 3) Copy front and back of the credit card(s) with which you deposit
- 4) Copy of a recent utility bill to verify your address (not older than 2 months)

User Name or Customer Number (Logon)	Date
Account holder Name	Contact Phone 1
Account holder Street Address, Unit/Suite/Apt Number, City, State, ZIP	Contact Phone 2

By placing my signature below, I authorize the use of the following credit card(s) ("Authorized Cards") for depositing into the above-mentioned Jackpot Capital account. I confirm that I have been authorized to use each of the Authorized Cards listed below and acknowledge that I must pay all charges incurred by these cards through transactions to my Jackpot Capital account, regardless of when or by whom the transaction was authorized. I confirm that you shall be fully protected when honoring any payments from my Authorized Cards. In addition, should any payment from an Authorized Card for whatever reason whatsoever not be honored, I confirm that you shall be under no liability for any costs, including bank fees, even though this may mean that my Jackpot Capital account may become inaccessible.

By: _____ Dated _____
Signed _____
Print Name _____

Credit Card (1)		
Card Type <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> DINERS CLUB <input type="radio"/> AMEX	Credit Card Number	Expiry Date:
Card billing address:		
Name as shown on card		
Signature of card holder	today's date	
Credit Card (2)		
Card Type <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> DINERS CLUB <input type="radio"/> AMEX	Credit Card Number	Expiry Date:
Card billing address:		
Name as shown on card		
Signature of card holder	today's date	