

**CREDIT CARD AUTHORIZATION FORM**Email this Form along with copies of the following to Cashier@lincolncasino.com:

- 1) Passport or Drivers license of Lincoln Casino Accountholder (both sides).
- 2) Passport or Drivers license of each Authorized Card(s) Cardholder.
- 3) Authorized Credit Card(s) (both sides).
- 4) Utility Bill, bank statement or credit card statement

Tel: 1-888-234-7217

Cashier@lincolncasino.com

Lincoln Casino Logon User Name or Customer Number	Date
Lincoln Casino Accountholder Name	Accountholder Contact Telephone #1
Lincoln Casino Accountholder Street Address, Unit/Suite/Apt Number, City, State, ZIP	Accountholder Contact Telephone #2

By signing below, I authorize the use of the following credit cards ("Authorized Card(s)" for loading my Lincoln Casino account identified above. I also agree that I have been authorized to use all of the Authorized Card(s) listed below and agree to pay any and all charges incurred by these cards to fund my Lincoln Casino account, regardless of when or by whom the transaction was authorized. I agree that you shall be fully protected in honoring any such Authorized Card(s) payments. I further agree that if any such Authorized Card(s) payment be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever, including any fees imposed by my bank, even though such dishonor may result in the inaccessibility of my Lincoln Casino account.

By: _____
 Signed _____ Dated _____

 Print Name

Authorized Card (1)		
CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> DINERS CLUB <input type="radio"/> AMEX	CARD NUMBER: _____ CARD BILLING ADDRESS: (if different than above) _____	EXPIRATION DATE: _____
CARDHOLDER'S NAME (as it appears on the credit card)		
SIGNATURE OF CARDHOLDER		TODAY'S DATE

Authorized Card (2)		
CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> DINERS CLUB <input type="radio"/> AMEX	CARD NUMBER: _____ CARD BILLING ADDRESS: (if different than above) _____	EXPIRATION DATE: _____
CARDHOLDER'S NAME (as it appears on the credit card)		
SIGNATURE OF CARDHOLDER		TODAY'S DATE

Authorized Card (3)		
CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> DINERS CLUB <input type="radio"/> AMEX	CARD NUMBER: _____ CARD BILLING ADDRESS: (if different than above) _____	EXPIRATION DATE: _____
CARDHOLDER'S NAME (as it appears on the credit card)		
SIGNATURE OF CARDHOLDER		TODAY'S DATE

Authorized Card (4)		
CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> DINERS CLUB <input type="radio"/> AMEX	CARD NUMBER: _____ CARD BILLING ADDRESS: (if different than above) _____	EXPIRATION DATE: _____
CARDHOLDER'S NAME (as it appears on the credit card)		
SIGNATURE OF CARDHOLDER		TODAY'S DATE