

CREDIT CARD AUTHORIZATION FORM

Please fill out and sign and send this form alongside copies of the following documents to support@slotastic.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)

Please note!!! Documents must be scanned at high resolution (300dpi)

| | |
|--|-----------------|
| 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 Slotastic 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 Slotastic 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 Slotastic 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"/> AMERICAN EXPRESS | 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"/> AMERICAN EXPRESS | Credit Card Number | Expiry Date: |
| | Card billing address: | |

Name as shown on card

Signature of card holder _____ today's date _____