documents@slotocash.im

CREDIT CARD AUTHORIZATION FORM SLOTO CASH CASINO

Email this Form along with copies of the following to documents@slotocash.im

1) Color copy of Passport or Driver license of Accountholder (both sides).
2) Color copy of valid Passport or Driver license of the card holder of each authorized credit card
3) Color copy of Authorized Credit Card(s) (both sides).
4) Color copy of a Utility Bill, bank statement or credit card statement, not older than two (2) months

User Name or Customer Number	Date
Accountholder Name	Accountholder Contact Telephone #1
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 Sloto Cash 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 Sloto Cash 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 Sloto Cash account.

By: _____ Signed _____ Dated

_____ Print Name

Authorized Card (1)

CARD TYPE	CARD NUMBER:	EXPIRATION DATE:
◯ VISA ◯ MASTERCARD ◯ AMEX	CARD BILLING ADDRESS: (if different than above)	
CARDHOLDER'S NAME (as it appears on the credit card)		
SIGNATURE OF CARDHOLDER		TODAY'S DATE

Authorized Card (2)

CARD TYPE	CARD NUMBER:	EXPIRATION DATE:
◯ VISA ◯ MASTERCARD ◯ AMEX	CARD BILLING ADDRESS: (if different than above)	
CARDHOLDER'S NAME (as it appears on the credit card)		
SIGNATURE OF CARDHOLDER		TODAY'S DATE

Authorized Card (3)

CARD TYPE	CARD NUMBER:	EXPIRATION DATE:
◯ VISA ◯ MASTERCARD ◯ AMEX	CARD BILLING ADDRESS: (if different than above)	
CARDHOLDER'S NAME (as it appears on the credit card)		
SIGNATURE OF CARDHOLDER		TODAY'S DATE

Authorized Card (4)

CARD TYPE	CARD NUMBER:	EXPIRATION DATE:
◯ VISA ◯ MASTERCARD ◯ AMEX	CARD BILLING ADDRESS: (if different than above)	
CARDHOLDER'S NAME (as it appears on the credit card)		
SIGNATURE OF CARDHOLDER		TODAY'S DATE