 CREDIT CARD AUTHORIZATION FORM Please fill out and sign and send this form alongside copies of the following documents to documents@slotastic.com 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 		Slote	Stick online casino
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	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: Signed Dated			
Print Name			
Credit Card (1)			
Card Type	Credit Card Number		Expiry Date:
O VISA O MASTERCARD	Card billing address:		
○ AMEX			
Name as shown on card			
Signature of card holder		today's date	
Credit Card (2)			
Card Type	One dit Courd Number		Expiry Date:
O VISA O MASTERCARD			
O AMEX	Card billing address:		
Name as shown on card			
Signature of card holder		today's date	