

**AUTHORIZATION FORM**

Please fill out and sign and send this form alongside copies of the following documents to [documents@slotastic.com](mailto:documents@slotastic.com)

**For account verification:**

- 1) Color copy of a valid Government issued Identification such as Passport or Driver license of Account holder (both sides).
- 2) Photo of you holding the Identification to your face, ensuring the details are visible
- 3) Color copy of your credit card statement, bank statement or utility bill, not older than two (2) months for the registered address

**For credit card(s) authorization:**

- 1) Color copy of a valid Government issued Identification or Passport or Driver license of the card holder of each authorized credit card
- 2) Color copy of Authorized Credit Card(s) (both sides), showing at least the first 6 and last 4 numbers.
- 3) A completed, dated and signed Authorization Form

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 VISA                    MASTERCARD DINERS CLUB        AMEX	Credit Card Number _____ Card billing address: _____	Expiry Date: _____
Name as shown on card		
Signature of card holder		today's date

**Credit Card (2)**

Card Type VISA                    MASTERCARD DINERS CLUB        AMEX	Credit Card Number _____ Card billing address: _____	Expiry Date: _____
Name as shown on card		
Signature of card holder		today's date

**Credit Card (3)**

Card Type VISA                    MASTERCARD DINERS CLUB        AMEX	Credit Card Number _____ Card billing address: _____	Expiry Date: _____
Name as shown on card		
Signature of card holder		today's date