



I certify that the electronic media record of my transaction held by casino33 shall be used as the final determination to resolve any dispute I may have. I clearly understand it is my sole responsibility, if applicable, to report my financial information to my respective Government, Customs, or Tax jurisdiction. I acknowledge that I have read all the information contained in The Casino Online license and agree to follow by all the rules, terms, conditions, and agreements therein and as amended from time to time.

(Complete one form for every credit card you have used in the _____ casino)

After the form is completed and signed, fax to: 877-969-5469

Name (as on account) _____ Username _____

Address Line #1 _____

Address Line #2 _____

City _____ State _____

Zip/Postal Code _____ Country _____

Home Phone (_____) _____ Fax (_____) _____

Work Phone (_____) _____ E-mail _____

Date of Birth ____ / ____ / ____ (mm/dd/yyyy)

Type of Card: _____

Credit Card Number: _____

Expiration Date: ____ / ____ (MM/YYYY)

Name as shown on card: _____

Bank Name _____

Bank Address _____

Bank Phone (_____) _____

ABA/Swift # _____

Account name: _____

Account number: _____

Also remember to send a visible copy of your driver's license or proper identification and a legible copy of your credit card.

*Please accept this as authorization for t Casino33, to draft the above listed credit card and continue such authorization until I notify Casino33 and the bank listed in writing.

Signature _____ Date ____ / ____ / ____