

www.CASINOSTATES.com

Please send by FAX or EMAIL

FAX:	1-866-855-4716
EMAIL:	SECURITY-CASINOSTATES@POWER-PAY.COM

For any additional information please contact us at TOLL FREE 1-888-258-3340

By submitting this signed and dated form I am authorizing and fully acknowledging the following:

1. I am the authorized card holder and will honor all past and future purchases initiated by me to my account with the below Credit / Debit Card(s).
2. I am of age of majority (18 years or older depending on your jurisdiction).
3. I have read and accepted the terms of use as listed elsewhere on this website

CUSTOMER ACCOUNT ID _____

FULL NAME _____

PHONE NUMBER _____ - (_____)

CREDIT / DEBIT CARD NUMBER	EXPIRATION DATE MONTH/YEAR
XXXX - XXXX	/
XXXX - XXXX	/
XXXX - XXXX	/
XXXX - XXXX	/
XXXX - XXXX	/
XXXX - XXXX	/
XXXX - XXXX	/
XXXX - XXXX	/

Please enclose:

- A copy of a valid ID that must include a signature
- A copy of the credit / debit card(s) above (front side only) (!

I hereby authorize the above as evidenced by my signature below

_____ Date

_____ Sales Slip / Customer Signature