



I certify that the electronic media record of my transaction held by Connect2casino 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 Connect2casino 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 with clear writing.)

WITHDRAW METHOD

( ) NETeller ( ) Money Transfer

PERSONAL INFORMATION

Name (as on account) \_\_\_\_\_ Username \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Home Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

E-mail address must be the one your Internet provider issued you. Free email based addresses are not considered as valid.

BILLING ADDRESS

Address Line #1 \_\_\_\_\_

Address Line #2 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

DELIVERY ADDRESS

(If different from the one above please include a legal document with your name on it to confirm the address)

Address Line #1 \_\_\_\_\_

Address Line #2 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

BANKING INFORMATION

Type of Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ (MM/YYYY)

Name as shown on card: \_\_\_\_\_

Bank Name \_\_\_\_\_ Bank Phone (\_\_\_\_) \_\_\_\_\_

Remember to send a visible copy of your driver's license or proper identification, a legible copy of your credit card and a visible copy of your credit card statement.

Please accept this as authorization for Connect2Casino, to draft the above listed credit card and continue such authorization until I notify Connect2Casino and the bank listed in writing.

By this I authorize Connect2Casino to charge my card as I requested also I authorize all purchases made by me on Connect2casino I further agree that this payment is final and irreversible.

• Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(After the form is completed and signed, fax to: 1-866-877-3186 or email scans to: [security@connect2casino.com](mailto:security@connect2casino.com))

We have special promotional mailings and free gifts that we often send to customers via real mail. If you do not wish to receive any offers or gifts via standard mail, please check this box. { }