

# Slots Jackpot Authorization Form

Email – [documents@slotsjackpotvip.com](mailto:documents@slotsjackpotvip.com)

For any additional support, please contact us on live chat in the casino lobby

- 1. By submitting this form (signed and dated), along with the additional information requested, I am authorizing and fully acknowledging the following:**

- a. I am the authorized cardholder and will honor all purchases initiated by me to my account with the below Credit/Debit Card, whether completed by telephone or Internet.
- b. I am of age of majority (18 years or older depending on my jurisdiction).
- c. I have read and accepted the terms of use as listed elsewhere on this website.

FULL NAME - \_\_\_\_\_

PHONE NUMBER - (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

CARD TYPE       VISA       MASTERCARD       AMEX

CREDIT CARD NUMBER    \_\_\_\_ -- XXXX – XXXX -- \_\_\_\_

CARD EXPIRATION DATE - \_\_ / \_\_ (MONTH / YEAR)

*\*If using more than 1 credit card, please submit an additional authorization form for each card used.*

- 2. Along with this Authorization form, please enclose the following documents:**

- ✓ A copy of valid picture ID (Driver's license 'front&back" or passport)
- ✓ A copy of the Credit Card listed above (front and back)
- ✓ A copy of recent utility bill confirming your home address

- 3. I hereby authorize the above as evidenced by my signature below.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer Signature