

Casino Eurofortune Authorization Form

Email—documents@eurofortunevip.com

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

- 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.
- I am of age of majority (18 years or older depending on my jurisdiction).
- I have read and accepted the terms of use as listed elsewhere on this website.

Full Name: _____

Phone Number: (____) - ____ - _____

Card Type: Visa Master Card 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.*

Along with this Authorization form, please enclose the following documents in color

- ✓ A copy of valid government issued photo ID includes Driver's license or passport "both sides"
- ✓ A copy of the Credit Card listed above (front and back showing the first 6 and last 4 digits)
- ✓ A copy of recent utility bill confirming your home address

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

today's date _____ Signed _____