



documents@slotocash.im

ACCOUNT VERIFICATION / AUTHORIZATION FORM

Please fill out and sign and send this form alongside with copies of the required documents to documents@slotocash.im

For account verification:

- 1) Color copy of Passport or Driver License (back and front) of the Account Holder
- 2) Color copy of a Credit Card statement or Bank Statement, Utility Bill (not older than 2 months)

For credit card(s) authorization:

- 3) Color copy of Authorized Credit Card(s) (back and front)
- 4) Color copy of Passport or Driver License of the card holder of each Authorized Credit Card.

User Name or Customer Number	Date
Accountholder Name	Accountholder Contact Telephone #1
Accountholder Street Address, Unit/Suite/Apt Number, City, State, ZIP	Accountholder Contact Telephone #2

By placing my signature below, I intend to verify my account and/or authorize the use of the following credit card(s) ("Authorized Cards") for depositing into the above-mentioned Sloto'Cash account. I confirm that I have been authorized to use each of the Authorized Cards listed below and acknowledge that I must pay all charges incurred by these cards through transactions to my Sloto'Cash account, regardless of when or by whom the transaction was authorized. I confirm that you shall be fully protected when honoring any payments from my Authorized Cards. In addition, should any payment from an Authorized Card for whatever reason whatsoever not be honored, I confirm that you shall be under no liability for any costs, including bank fees, even though this may mean that my Sloto'Cash account may become inaccessible.

By: _____
Signed _____ Dated _____

Print Name

Authorized Card (1)		
CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> AMEX	CARD NUMBER: _____ CARD BILLING ADDRESS: (if different than above) _____	EXPIRATION DATE: _____
CARDHOLDER'S NAME (as it appears on the credit card) _____		
SIGNATURE OF CARDHOLDER _____		TODAY'S DATE _____

Authorized Card (2)		
CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> AMEX	CARD NUMBER: _____ CARD BILLING ADDRESS: (if different than above) _____	EXPIRATION DATE: _____
CARDHOLDER'S NAME (as it appears on the credit card) _____		
SIGNATURE OF CARDHOLDER _____		TODAY'S DATE _____

Authorized Card (3)		
CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> AMEX	CARD NUMBER: _____ CARD BILLING ADDRESS: (if different than above) _____	EXPIRATION DATE: _____
CARDHOLDER'S NAME (as it appears on the credit card) _____		
SIGNATURE OF CARDHOLDER _____		TODAY'S DATE _____

Authorized Card (4)		
CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> AMEX	CARD NUMBER: _____ CARD BILLING ADDRESS: (if different than above) _____	EXPIRATION DATE: _____
CARDHOLDER'S NAME (as it appears on the credit card) _____		
SIGNATURE OF CARDHOLDER _____		TODAY'S DATE _____