



Fax: 888 299 9427
24x7 Support: 877 676 1504
Support Email: accounts@slotnuts.com

I certify that the electronic media record of my transaction held by **Slot Nuts Casino** 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 **Slot Nuts Casino** 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 at Slot Nuts Casino.

Name (as on account) _____ Username _____

Address Line #1 _____

Address Line #2 _____

City _____ State _____

Zip/Postal Code _____ Country _____

Home Phone (_____) _____ Fax (_____) _____

Work Phone (_____) _____ E-mail _____

*E-mail address must be the address that your Internet provider issued you. **Free email based addresses are not allowed.***

Date of Birth ____ / ____ / ____ (mm/dd/yyyy)

Type of Card: _____

Credit Card Number: _____

Expiration Date: ____ / ____ (MM/YYYY)

Name as shown on card: _____

Bank Name _____

Bank Phone (_____) _____

*Please include a legible copy of the **front and back of EACH credit card** used on the site. In the event that the aforementioned credit card cannot be submitted, the casino reserves the right to request a letter from the issuing bank confirming ownership of the card. Please submit this completed declaration with **2 forms of identification** including your **driver's license or passport** and a **utility bill** confirming your address.*

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

By this declaration I authorize Slot Nuts Casino to charge my card as requested. Furthermore I authorize all purchases made on my Slot Nuts Casino account and I understand that the charges will appear on my credit card statement as 'Slot Nuts' or one of our other processing IDs. I further agree that this payment is final and irreversible.

Signature _____ Date ____ / ____ / ____

After this declaration is completed and signed, please submit along with accompanying documents via email to: accounts@slotnuts.com or fax Toll Free within the United States to: 800 518 7944.

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