



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

I certify that the electronic media record of my transaction held by **Real Vegas Online** 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 **Real Vegas Online** 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 Real Vegas Online.

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 Real Vegas Online, to draft the above listed credit card and continue such authorization until I notify Real Vegas Online and the bank listed in writing.

By this declaration I authorize Real Vegas Online to charge my card as requested. Furthermore I authorize all purchases made on my Real Vegas Online account and I understand that the charges will appear on my credit card statement as 'Real Vegas' 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@realvegasonline.com or fax Toll Free within the United States to: 800 518 7944.

Fax to: 800 518 7944

