

**ACCOUNT VERIFICATION/AUTHORIZATION FORM – LINCOLN CASINO**

Please complete and sign this form along with copies of the required documentation and forward to: documents@lincolncasino.com.

For account verification:

- 1) Color copy of Passport or Drivers License (Back and front), of account holder
- 2) Color copy of a Credit Card statement or Utility bill (Not older than two months)

For Credit Card authorization:

- 1) Color copy of authorized Credit Card(s) (Back and front)
- 2) Color copy of Passport or Drivers License, (Back and front) of the card holder of each authorized Credit Card.

Tel: 1-888-234-7217 documents@lincolncasino.com

Lincoln Casino Logon User Name or Customer Number

Date

Lincoln Casino Account holder Name

Account holder Contact Telephone #1

Lincoln Casino Account holder Street Address, Unit/Suite/Apt Number, City, State, ZIP

Account holder Contact Telephone #2

By signing below, I authorize the use of the following credit cards ("Authorized Card(s)" for loading my Lincoln Casino account identified above. I also agree that I have been authorized to use all of the Authorized Card(s) listed below and agree to pay any and all charges incurred by these cards to fund my Lincoln Casino account, regardless of when or by whom the transaction was authorized. I agree that you shall be fully protected in honoring any such Authorized Card(s) payments. I further agree that if any such Authorized Card(s) payment be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever, including any fees imposed by my bank, even though such dishonor may result in the inaccessibility of my Lincoln Casino account.

By:

Signed _____

Dated _____

Print Name _____

Authorized Card (1)

CARD TYPE

- VISA MASTERCARD
 AMEX

CARD NUMBER: _____

EXPIRATION DATE: _____

CARD BILLING ADDRESS: (if different than above) _____

CARDHOLDER'S NAME (as it appears on the credit card) _____

SIGNATURE OF CARDHOLDER _____

TODAY'S DATE _____

Authorized Card (2)

CARD TYPE

- VISA MASTERCARD
 AMEX

CARD NUMBER: _____

EXPIRATION DATE: _____

CARD BILLING ADDRESS: (if different than above) _____

CARDHOLDER'S NAME (as it appears on the credit card) _____

SIGNATURE OF CARDHOLDER _____

TODAY'S DATE _____

Authorized Card (3)

CARD TYPE

- VISA MASTERCARD
 AMEX

CARD NUMBER: _____

EXPIRATION DATE: _____

CARD BILLING ADDRESS: (if different than above) _____

CARDHOLDER'S NAME (as it appears on the credit card) _____

SIGNATURE OF CARDHOLDER _____

TODAY'S DATE _____