

By submitting this signed and dated form I am authorizing and fully acknowledging the following:

1. I am the authorized card holder and will honour all past and future purchases initiated by me to my account with the below Credit / Debit Card(s)
2. I am of age of majority (18 years or older depending on your jurisdiction)
3. I have read all the information contained in the Rich Casino Terms & Conditions and agree to abide by all the rules, terms, conditions, and agreements therein and as may be amended from time to time.
4. I certify that the electronic media record of my transaction held by Rich Casino shall be used as the final determination to resolve any dispute I may have.

Please attach this form with the following documents:

- A copy of your driver's licence or official photo ID
- Copies of the front and back of all credit cards (if used) used on your casino account
- A copy of a recent utility bill (no more than 3-months old) or official mail that contains your name and address as registered on your casino account

Fax Number: 0-866-858-0739

OR **scan and e-mail** to: docs@richcasino.com

Or: finance@richcasino.com

Personal Information

Full name: _____ Casino Account I.D.: _____ Casino nickname: _____

Address Line #1: _____

Address Line #2: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Home Phone: (____) _____ Fax: (____) _____

Work Phone: (____) _____ Email: _____

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

Deposit Information

CREDIT / DEBIT CARD NUMBER	EXPIRATION DATE MONTH/YEAR
____ _ XXXX - XXXX ____ _	____ / ____
____ _ XXXX - XXXX ____ _	____ / ____
____ _ XXXX - XXXX ____ _	____ / ____

Other deposit methods used:

Authorization

*Please accept this as authorization for all past and future deposits made into my Rich Casino account.

Signature: _____ Date: ____ / ____ / ____