

Credit Card Authorization Form BetGuardian Sportsbook and Casino

Directions:

1. For each credit card you have use, please fill out all the requested information of yourself and credit card.
2. Please sign and fax or email a clear copy to: ccauth@wmgm.co.cr or 888-634-4061. If you have questions, call Customer Service at 1-800-274-8313.
3. Please attach to fax a clear photocopy of your Credit Card (s) and a clear photocopy of your ID.

Your name (as it appears on your Credit Card):

Your account number with us:

Address:

City:

State:

Country:

Zip Code:

Telephone Number:

Email address:

Credit Card Number:

Type of Card:

Expiration Date:

CVV Number(3 or 4 digits on your Credit Card for security):

Name of Issuing Bank:

Telephone number of Issuing Bank(number on your back of Credit Card):

I _____ certify that the electronic media record of my transaction held by BetGuardian Sportsbook and Casino shall be used as the final determination to resolve any dispute I may have. I acknowledge that I have read all the information contained in The Casino - Sportbook Online license and agree to follow by all the rules, terms, conditions and agreements therein and as attended from time to time.

I'm over 18 years of age.

Please accept as authorization for the BetGuardian Sportsbook and Casino, to draft the above listed Credit Card and continue such authorization until BetGuardian Sportsbook and Casino and the bank listed in writing

Signature: _____

Date _____