

I certify that the electronic media record of my transaction held by Lucky 18 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 The Casino 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 Lucky 18 casino)

After the form is completed and signed, email to:
faxbacks@lucky18casino.com

Name (as on account) _____ Username _____
Address Line #1 _____
Address Line #2 _____
City _____ State _____
Zip/Postal Code _____ Country _____
Home Phone (_____) _____ Fax (_____) _____
Work Phone (_____) _____ E-mail _____
Date of Birth ____ / ____ / ____ (mm/dd/yyyy)

Type of Card: _____
Credit Card Number: _____
Expiration Date: ____ / ____ (MM/YYYY)
Name as shown on card: _____
Bank Name _____
Bank Address _____
Bank Phone (_____) _____
ABA/Swift # _____
Account name: _____
Account number: _____

Also remember to fax together with the fully completed form a visible copy of your driver's license or passport, a legible photocopy of your credit card (both sides) and a copy of a recent utility bill (telephone, gas, electricity).

*Please accept this as authorization for the Lucky 18 casino, to draft the above listed credit card and continue such authorization until I notify Lucky 18 casino and the bank listed in writing.

Signature _____ Date ____ / ____ / ____