



documents@slotscapital.lv

CREDIT CARD AUTHORIZATION FORM SLOTS CAPITAL

Email this Form along with color copies of the following to documents@slotscapital.lv

- 1) Color copy of Passport or Driver license of Accountholder (both sides).
- 2) Color copy of Passport or Driver license of each Authorized Card(s) Cardholder.
- 3) Color copy of Authorized Credit Card(s) (both sides).
- 4) Color copy of Utility Bill, bank statement or credit card statement

User Name or Customer Number	Date
Accountholder Name	Accountholder Contact Telephone #1
Accountholder Street Address, Unit/Suite/Apt Number, City, State, ZIP	Accountholder Contact Telephone #2

By signing below, I authorize the use of the following credit cards ("Authorized Card(s)" for loading my Slots Capital 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 Slots Capital 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 Slots Capital account.

By: _____

Signed _____ Dated _____

Print Name _____

Authorized Card (1)		
CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> <input type="radio"/> DINERS CLUB	CARD NUMBER: _____ CARD BILLING ADDRESS: (if different than above) _____	EXPIRATION DATE: _____
CARDHOLDER'S NAME (as it appears on the credit card)		
SIGNATURE OF CARDHOLDER		TODAY'S DATE

Authorized Card (2)		
CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> <input type="radio"/> DINERS CLUB	CARD NUMBER: _____ CARD BILLING ADDRESS: (if different than above) _____	EXPIRATION DATE: _____
CARDHOLDER'S NAME (as it appears on the credit card)		
SIGNATURE OF CARDHOLDER		TODAY'S DATE

Authorized Card (3)		
CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> <input type="radio"/> DINERS CLUB	CARD NUMBER: _____ CARD BILLING ADDRESS: (if different than above) _____	EXPIRATION DATE: _____
CARDHOLDER'S NAME (as it appears on the credit card)		
SIGNATURE OF CARDHOLDER		TODAY'S DATE

Authorized Card (4)		
CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> <input type="radio"/> DINERS CLUB	CARD NUMBER: _____ CARD BILLING ADDRESS: (if different than above) _____	EXPIRATION DATE: _____
CARDHOLDER'S NAME (as it appears on the credit card)		
SIGNATURE OF CARDHOLDER		TODAY'S DATE