

# Casino Fiz

## Authorization Form

*Mail documents@fizvip.com*

**By submitting this form (signed and dated), along with the additional information requested, I am authorizing and fully acknowledging the following:**

- I am the authorized cardholder and will honor all purchases initiated by me to my account with the below Credit/Debit Card, whether completed by telephone or Internet.
- I am of age of majority (18 years or older depending on my jurisdiction).
- I have read and accepted the terms of use as listed elsewhere on this website.

**Full Name:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**Card Type:**     Visa     Master Card     AMEX

**Credit Card Number:** \_\_\_\_ - XXXX - XXXX - \_\_\_\_

**Card Expiration Date:** \_\_ / \_\_ (Month/Year)

*\*If using more than 1 credit card, please submit an additional authorization form for each card used.*

**Along with this Authorization form, please enclose the following documents in color**

- ✓ A copy of valid government issued photo ID includes Driver's license or passport "both sides"
- ✓ A copy of the Credit Card listed above (front and back showing the first 6 and last 4 digits)
- ✓ A copy of recent utility bill confirming your home address

**I hereby authorize the above as evidenced by my signature below.**

today's date \_\_\_\_\_ Signed \_\_\_\_\_