

# Credit / Debit Card Authorization Agreement

To verify your credit/debit card or apply for a limit increase, please complete and return this form as per the instructions below:

### **Submission Instructions:**

Please submit this completed form and required documents via email to: **documents@bogartcasino.ag** 

### **Required Documents:**

- 1. **Photo ID:** A clear, legible photocopy of a government-issued picture ID (e.g., Driver's License or Passport).
- 2. **Credit Card Front**: A clear photocopy of the front of your credit card.
- 3. **Credit Card Back**: A clear photocopy of the back of your credit card, with a visible and matching signature.
- 4. **Proof of Address:** A recent utility bill or bank statement showing your name and address on record.

#### **Confirmation:**

Once you have sent your documents, please contact us at **1-888-740-1896** to confirm successful receipt.

## **Authorization Agreement:**

By signing and submitting this agreement along with the requested documentation, I hereby:

- 1. Confirm that I am the authorized cardholder of the credit/debit card listed below and agree to honor all charges or purchases initiated by me via telephone or Internet.
- 2. Acknowledge and agree to any charges made to my card by Bogart Casino.
- 3. Confirm that I am of legal age (18 years or older, depending on jurisdiction).
- 4. Accept and adhere to the terms of use available on the Bogart Casino website.

# **Credit / Debit Authorization Form**

Customer Account					
Full Name					
Phone Number					
Email					
Cardholder Name					
Card Type	Visa	MasterCard	American Express	Discover	
Card Number			Expiration Date: (MM/YY)		
Issuing Bank Name					
Issuing Bank Phone Nu (found on the back of you					
Signature and Da	te				
By signing below, I co authorize the use of r			vided is accurate and co	omplete and that I	
Signature		 Da	ate		