



Credit Card Agreement Form

Dear Valued client, SUN PALACE CASINO appreciates your business! You must completely fill out this form.

SUN PALACE CASINO requires a legible signature on this form.

This form must be accompanied with a photocopy of the front side of your Driver's license and a photocopy of the front and back of your credit card number.

Your credit card(s) will only be used for the purpose intended, and will be charged for the specified amount you authorize.

This form will act as a permanent signature on file for any future credit card transactions.

Any and all conversations regarding the future purchase of our services via your credit card (s) will be recorded for your and our personal records.

Credit Card# _____ Exp. Date ____/____/____ Date of Birth:
____/____/____ Player ID# _____ Name: _____

(First) (Int) (Last)
Address: _____ City:

State _____ Zip _____ Phone # (____) _____
- _____ Fax: (____) _____ - _____ Email Address:
_____ I _____

knowing that my account information is private and that it is my responsibility to maintain the privacy of my account, hereby authorize SUN PALACE CASINO .EU to charge my credit card(s).

We kindly ask you to print out this CREDIT CARD AGREEMENT FORM for your further reference. I further agree that this payment is irrevocable. Cardholder's
Signature: _____ Date: ____/____/____