

21Grand Casino Authorization Form

Email – documents@21grandcasino.net

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

- a. 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.
- b. I am of age of majority (18 years or older depending on my jurisdiction).
- c. I have read and accepted the terms of use as listed elsewhere on this website.

FULL NAME - _____

PHONE NUMBER - (____) - _____ - _____

CARD TYPE VISA MASTERCARD 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.*

2. Along with this Authorization form, please enclose the following documents:

- ✓ A copy of valid picture ID (Driver's license "front&back" or passport)
- ✓ A copy of the Credit Card listed above (front and back)
- ✓ A copy of recent utility bill confirming your home address

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

Date

Customer Signature