



AUTHORIZATION FORM

Email this Form along with color copies of the following to security@slotscapital.lv **For account verification:**

- 1) Color copy of a valid Government issued Identification such as Passport or Driver license of Account holder (both sides).
- 2) Photo of you holding the Identification to your face, ensuring the details are visible
- 3) Color copy of your credit card statement, bank statement or utility bill, not older than two (2) months for the registered address **For credit card(s) authorization:**
- 1) Color copy of a valid Government issued Identification or Passport or Driver license of the card holder of each authorized credit card
- 2) Color copy of Authorized Credit Card(s) (both sides), showing at least the first 6 and last 4 numbers.
- 3) A completed, dated and signed Authorization Form

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"/> DINERS CLUB <input type="radio"/> AMEX	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"/> DINERS CLUB <input type="radio"/> AMEX	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