

Vegas Days Authorization Form

Email – documents@vegasdaysvip.com

For any additional support, please contact us on live chat in the casino lobby

- 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