

MAY

MAYFLOWER CASINO

Please FAX TOLL FREE to 1-888-732-2651,
or email a scanned copy to

FINANCE@MAYFLOWERCASINO.COM

For any additional information, please contact us toll free at 1-888-732-2592

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

- I am the authorized cardholder and acknowledge and authorize and will honor all purchases initiated by me to my account with the below Credit/Debit Card whether completed by telephone or Internet.
- I am of age of majority (18 years or older depending on your jurisdiction).
- I have read and accepted the terms of use as listed elsewhere on this website.

CUSTOMER ACCOUNT ID: _____
FULL NAME: _____
PHONE NUMBER: (____) - _____ - _____
CARD TYPE: VISA MASTERCARD AMEX
CREDIT CARD NUMBER: _____ -- XXXX -- XXXX -- _____
CARD EXPIRATION DATE: MONTH / YEAR ____ / ____

Please enclose:

- A copy of valid picture ID
- A copy of the Credit Card above (front side)

I here by authorize the above as evidenced by my signature below.

Date

Sales slip/Customer signature