

I certify that the electronic media record of my transaction held by Doyle's Casino shall be used as the final determination to resolve any dispute I may have. I acknowledge that I have read all the information contained in the Doyle's Casino Terms & Conditions and agree to abide by all the rules, terms, conditions, and agreements therein and as may be amended from time to time.

Please attach this form along with the following documents:

- A copy of your driver's licence or official photo ID
- Copies of all credit cards used on your casino account
- A copy of a recent utility bill or official mail that contains your name and address as registered on your casino account

Fax Number: 801-640-9522

OR scan and e-mail to: casino@dbpn.com

----- Personal Information -----

Full Name : _____ Casino Account Name: _____

Address Line #1: _____

Address Line #2: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Home Phone: (____) _____ Fax: (____) _____

Work Phone: (____) _____ Email: _____

Date of Birth: ____ / ____ / ____ / (mm/dd/yyyy)

----- Deposit Information -----

Credit Card Details (if applicable):

Type of Card: _____

Credit Card Number: _____

Expiration Date: ____ / ____ / (mm/yyyy)

Other deposit methods used:

----- Authorization -----

*Please accept this as authorization for all past and future deposits made in to my Doyle's Casino account.

Signature: _____ Date: ____ / ____ / ____