

HERA ENTERTAINMENT GROUP

Please FAX TOLL FREE to 866 8116357

Or email a scanned copy to

SUPPORT@HERACASINO.COM

For any additional information, please contact us toll free at 866 6379706

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

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

1. A copy of a valid picture ID
2. A copy of the Credit Card above (front side)

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

Date

Sales slip/Customer signature