

NEW JERSEY DIVISION OF GAMING ENFORCEMENT

Arcade Building
Tennessee Avenue and the Boardwalk
Atlantic City, NJ 08401

INDIVIDUAL CREDIT AUTHORIZATION FORM

NOTE: Please note that all fields on this form must be completed. Failure to do so will result in the form being returned to you and may delay the processing of your application. Any questions regarding the completion of this form may be directed to the Division's Revenue Unit at (609) 441-3746.

APPLICANT INFORMATION

APPLICANT NAME: _____ LICENSE NUMBER: _____
(If applicable)

CARDHOLDER INFORMATION

NAME ON CARD: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BILLING ADDRESS (IF DIFFERENT FROM ABOVE):

PHONE NUMBER: _____ CELL NUMBER: _____

E-MAIL ADDRESS: _____

CARD TYPE: Visa MasterCard American Express Discover

CREDIT OR DEBIT CARD NUMBER: _____

EXPIRATION DATE: _____

THREE-DIGIT CV CODE (Visa/MasterCard): _____

FOUR-DIGIT CID AMEX: _____

AUTHORIZED AMOUNT OF CREDIT OR DEBIT: US \$ _____

TYPE OF TRANSACTION: _____ CREDIT _____ DEBIT

DATE OF TRANSACTION: _____

CERTIFICATION

I CERTIFY THAT I AM THE CARDHOLDER OF THE CARD REFERENCED ABOVE. I CERTIFY THAT ALL THE INFORMATION ABOVE IS COMPLETE AND ACCURATE. I HEREBY AUTHORIZE THE COLLECTION OF PAYMENT FOR ALL CHARGES AS INDICATED ABOVE. THE CHARGE MAY NOT EXCEED THE AMOUNT LISTED ABOVE IN THE "AUTHORIZED AMOUNT" FIELD FOR THE DATE OF TRANSACTION REFERENCED ABOVE. IF ADDITIONAL CHARGES ARE NECESSARY, A NEW FORM WILL HAVE TO BE COMPLETED.

SIGNATURE: _____ DATE: _____

<p>FOR DGE USE ONLY:</p> <p>AUTHORIZATION #: _____</p> <p>DATE ENTERED: _____</p> <p>REVENUE UNIT MEMBER: _____</p>
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