

# Carmel Media Group Verification Form

## Personal Details

|                |                      |          |                      |
|----------------|----------------------|----------|----------------------|
| First Name:    | <input type="text"/> | Address: | <input type="text"/> |
| Last Name:     | <input type="text"/> |          | <input type="text"/> |
| Date of Birth: | <input type="text"/> |          | <input type="text"/> |
| Day Phone:     | <input type="text"/> | City:    | <input type="text"/> |
| Evening Phone: | <input type="text"/> | State:   | <input type="text"/> |
|                |                      | ZIP:     | <input type="text"/> |

## Casino Please put your username along the side of the each casino

|            |                      |  |                      |                      |
|------------|----------------------|--|----------------------|----------------------|
| SLOTTER:   | <input type="text"/> | <input checked="" type="checkbox"/> Banking@Slotter.com  | <input type="text"/> | <input type="text"/> |
| REEL SPIN: | <input type="text"/> | <input checked="" type="checkbox"/> Banking@ReelSpin.com | <input type="text"/> | <input type="text"/> |

## Credit / Debit Details Enter the first 6 digits and the last 4 digits of the long card number for each card used

|          |                      |                      |           |                      |
|----------|----------------------|----------------------|-----------|----------------------|
| Card No: | <input type="text"/> | <input type="text"/> | Exp Date: | <input type="text"/> |
| Card No: | <input type="text"/> | <input type="text"/> | Exp Date: | <input type="text"/> |
| Card No: | <input type="text"/> | <input type="text"/> | Exp Date: | <input type="text"/> |

## Withdrawal Information

|                     |                      |          |                      |
|---------------------|----------------------|----------|----------------------|
| Bank Name:          | <input type="text"/> | Address: | <input type="text"/> |
| Account No:         | <input type="text"/> |          | <input type="text"/> |
| 9 Digit Routing No: | <input type="text"/> |          | <input type="text"/> |
| Account Type:       | <input type="text"/> | City:    | <input type="text"/> |
| Country:            | <input type="text"/> | State:   | <input type="text"/> |

## Legal information

I certify that the Credit Card(s) detailed above have been used with the casinos listed above which are part of Carmel Media Group with my full knowledge and consent and undertake to inform a Carmel Media Group casino should the above card(s) become lost or stolen. I agree that the transactional information held by Carmel Media Group will be used to determine the outcome of any dispute I may have. I also warrant that I have read, understood and agree to abide by the relevant casinos terms of use.

|            |                      |       |                      |
|------------|----------------------|-------|----------------------|
| Signature: | <input type="text"/> | Date: | <input type="text"/> |
|------------|----------------------|-------|----------------------|

Return this completed and signed form to us along with proof of ID (Drivers License, Passport or other official photo ID), proof of address (recent utility bill) as well as a copy of the front and back of each credit card used (please obscure the middle 6 digits of your card number).

We will accept these forms by fax or email, you can scan them or take digital pictures and send them to the appropriate casino email address or fax number above.