

CREDIT CARD AUTHORIZATION FORM

Email this Form along with copies of the following to documents@swiftassistance.com

- 1) Springbok account holder's passport or driving license
- 2) Passport or diving license of the cardholder of each authorized credit card
- 3) Both sides of each authorized credit card
- 4) Utility Bill

User Name or Customer Number (Logon)	Date
Account holder Name	Contact Phone 1
Account holder Street Address, Unit/Suite/Apt Number, City, State, ZIP	Contact Phone 2

By placing my signature below, I authorize the use of the following credit card(s) ("Authorized Cards") for depositing into the above-mentioned **Springbok Casino** account. I confirm that I have been authorized to use each of the Authorized Cards listed below and acknowledge that I must pay all charges incurred by these cards through transactions to my **Springbok Casino** account, regardless of when or by whom the transaction was authorized. I confirm that you shall be fully protected when honoring any payments from my Authorized Cards. In addition, should any payment from an Authorized Card for whatever reason whatsoever not be honored, I confirm that you shall be under no liability for any costs, including bank fees, even though this may mean that my **Springbok Casino** account may become inaccessible.

By: _____
 Signed _____ Dated _____

 Print Name

Credit Card (1)		
Card Type <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> DINERS CLUB <input type="radio"/> AMEX	Credit Card Number	Expiry Date:
Card billing address:		
Name as shown on card		
Signature of card holder		today's date
Credit Card (2)		
Card Type <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> DINERS CLUB <input type="radio"/> AMEX	Credit Card Number	Expiry Date:
Card billing address:		
Name as shown on card		
Signature of card holder		today's date