



I, _____, certify that all records of my transactions held by Weststar Accounting Limited, an International Business Corporation incorporated pursuant to the laws of Costa Rica, www.viploungecasino.com, and their subsidiaries, shall be used as the final determination to resolve any dispute I may have. I clearly understand it is my sole responsibility, if applicable, to report my financial information to my respective Government, Customs, or Tax jurisdiction. I acknowledge that I have read all the information contained in the Weststar Accounting Limited web site (www.weststaraccounting.com) and their subsidiaries' agreement(s) and agree to follow by all the rules, terms, conditions, and agreements therein and as amended from time to time. By completing this form you agree to the terms and conditions of the VIP Lounge Casino. You also agree to make no disputes as to the charges that you have made with VIP Lounge as long as the VIP Lounge Casino has provided the services that are defined within the terms of our agreement.

Player ID (username)	<input type="text"/>
First Name (as shown on acct)	<input type="text"/>
Last Name (as shown on acct)	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
City	<input type="text"/>
State/Province	<input type="text"/>
Country	<input type="text" value="United States"/> ▼
Postal Code (zip code)	<input type="text"/>
Home Phone Number	<input type="text"/>
Work Phone Number	<input type="text"/>

Fax Number	<input type="text"/>
E-Mail Address	<input type="text"/>
Date of Birth (mm/dd/yyyy)	<input type="text" value="Select month"/> <input type="text" value="Select Day"/> <input type="text" value="Select Year"/>
Social Security Number (SSN) or other ID#	<input type="text"/>
CREDIT/DEBIT CARD INFORMATION	
Type of Card	<input type="text" value="MasterCard"/>
Add Other Card (no dashes or spaces)	<input type="text"/>
Expiration Date	<input type="text" value="Select Month"/> <input type="text" value="Select Year"/>
Name on Credit Card	<input type="text"/>
Today's Date (mm/dd/yyyy)	<input type="text" value="Select month"/> <input type="text" value="Select Day"/> <input type="text" value="Select Year"/>
Signature	<input type="text"/>
<hr/> <hr/>	
<p>Once you have printed and filled out the form in full you may send it back to us by scanning and emailing the document back to us at ccprocessing@viploungecasino.com or you can fax it back to us by the Toll Free fax numbers provided below.</p> <p>U.S./Canada Toll Free Fax: 1-866-308-6010</p> <p>If you are not able to scan and email this document back to us (recommended) and must fax it back to us (not recommended), please keep in mind that you are responsible for making sure that this fax is legible. If, after review, it is not found to be clear or legible, this will be denied and you will have to resend it. Make sure to sign (NOT initial) each page if you are sending these documents by fax. All forms must be accompanied by a copy of a Government Issued ID (state issued drivers license or passport is okay) for age verification. If you have ever deposited using a Credit Card in the past you will be required to send a copy of all Credit Card(s) that you have used with the VIP Lounge (front and back).</p>	
	<input type="button" value="Click here to print this page"/>

