

Visa/MasterCard Authorization Form

Card Holder Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____

Evening Telephone Number: _____

Card Type (Circle One): VISA MASTERCARD

Name (As Printed on Card): _____

Card Number: _____

Expiration Date: _____



Account Information

Name on the AGE Account: _____

Account Number: _____

Account Type (Circle One): CRACK OF DOOM CTF 2187

ADVANCED GAMING ENTERPRISES
POST OFFICE BOX 214949
SACRAMENTO, CA 95821
Voice Line: 916-683-AGE1

Transaction Information

Type of Charge (Circle One): ONE TIME ONLY RECURRING

Amount to be Charged (Circle One): \$20.00 \$50.00 Other: _____

Note: For Recurring Charge Customers your account will be charged the indicated amount whenever your account balance falls below \$20.00. This can be canceled at any time by simply contacting AGE. In either case a receipt will be mailed to you whenever a charge is made to your Visa/MasterCard account.

Authorization

Cardholder Signature: _____

Today's Date: _____

Note: By participating in games moderated by Advanced Gaming Enterprises you agree to abide by all moderator decisions with regard to the game you are playing. In case of an error in processing your turn every effort will be made to correct the error or, when this is not possible (as determined by AGE), we will attempt to compensate you for the error or will refund the fee charged for the turn in which the error was made.