



State of Michigan  
 Michigan Gaming Control Board  
 Office of the Executive Director  
 Horse Racing Section  
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 Phone: (313) 456-4100  
 Fax: (517) 241-3018  
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## CREDIT CARD ACCEPTANCE FORM

<b>Cardholder Name</b>		
<b>Address</b>		<b>City</b>
<b>State</b>	<b>Zip</b>	<b>Phone</b>
<b>Card Type</b> <input type="checkbox"/> <b>VISA</b> <input type="checkbox"/> <b>MASTERCARD</b>		
<b>Card Number</b>	<b>Security Number</b>	<b>Exp. Date</b>
<b>Transaction (s)</b>		<b>Amount</b>
<b>Cardholder's Signature</b> <i>Signature gives the Michigan Gaming Control Board, Horse Racing Section complete authorization to process payment for the above listed transaction(s) and amount(s) against the above referenced credit card. The customer agrees that the below signature is that of the authentic cardholder and the intent of this form is to secure payment due the State of Michigan.</i>		
_____		<b>Date</b> _____

<b>Racing Licensee Name</b>	<b>License Number</b>
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**Please fill out completely and accurately.**

**Sign and fax to \_\_\_\_\_ at \_\_\_\_\_ :**