

CREDIT CARD ACCEPTANCE FORM

Cardholder Name					
Address			City		
State	Zip		Phone		
Card Type	USA MA		MASTER	MASTERCARD	
Card Number		Security Number		Exp. Date	
Transaction (s)			Amount		
Cardholder's Signature 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.					
Date					
Racing Licensee Name			License Number		
Please fill out completely and accurately.					
Sign and fax to at:					