



## Authorization Form

I, \_\_\_\_\_, am aware of my credit card activity. I recognize and authorize charges from E.H.B. / ROLEPLAY PROCESSING +39 06-99268254 as per our service agreement and by providing my signature below I agree to and confirm the following online transactions to be debited from my credit card(s):

1. *Credit Card Number:* | \_\_\_\_\_ | X X X X | X X X X | \_\_\_\_\_ |

*Expiration Date:* | \_\_\_\_\_ | \_\_\_\_\_ |

2. *Credit Card Number:* | \_\_\_\_\_ | X X X X | X X X X | \_\_\_\_\_ |

*Expiration Date:* | \_\_\_\_\_ | \_\_\_\_\_ |

3. *Credit Card Number:* | \_\_\_\_\_ | X X X X | X X X X | \_\_\_\_\_ |

*Expiration Date:* | \_\_\_\_\_ | \_\_\_\_\_ |

I agree to sign and send this document by fax to: +1(514) 337-4047 or +44 20 7 9002123, or to scan documents completed and signed to [support@gamblingfederation.com](mailto:support@gamblingfederation.com)

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature