

I certify that the electronic media record of my transaction held by Pure Vegas Casino shall be used as the final determination to resolve any dispute I may have. I acknowledge that I have read all the information contained in the Pure Vegas Casino Terms & Conditions and agree to abide by all the rules, terms, conditions, and agreements therein and as may be amended from time to time.

**Please attach this form along with the following documents:**

- A copy of your driver's licence or official photo ID
- Copies of all credit cards used on your casino account
- A copy of a recent utility bill or official mail that contains your name and address as registered on your casino account

Fax Number: 1-888-821-4578

OR scan and e-mail to: [withdrawals@purevegascasino.com](mailto:withdrawals@purevegascasino.com)

Please note: Scans or digital photos sent via e-mail are strongly preferred. Faxes can often come out too dark which may slow down the withdrawal process.

**----- Personal Information -----**

Full Name: \_\_\_\_\_ Casino Account Name: \_\_\_\_\_

Address Line #1: \_\_\_\_\_

Address Line #2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

Work Phone: ( \_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / (mm/dd/yyyy)

**----- Deposit Information -----**

**Credit Card Details (if applicable):**

Type of Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ / (mm/yyyy)

**Other deposit methods used:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**----- Authorization -----**

\*Please accept this as authorization for all past and future deposits made in to my Pure Vegas Casino account.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_