

24VIP Card Authentication

By filling this form you, the Customer, acknowledge that all the information presented is accurate and up to date. In turn, we, the Casino, ensure that your personal information is secure and protected, and won't be shared with any third-party organizations.

Please, fill in the form, capture it with the current date and signature, and send to **24vipcasino.com**

First Name:			Phone:		
Last Name:			Country:		
Username:			City:		
Date of Birth:			State:	Zip Code:	
Email:			Address:		

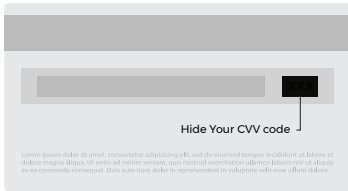
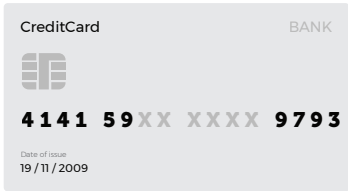
Please, choose the type of card you have used for depositing with 24VIP Casino

VISA MASTERCARD A M E X

Fill in the first 6 and the last 4 digits of the card number, and the expiry date

Card number:			Expiration date:		
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Please make sure that you enclose the card's photo in color, with cardholder's full name, first 6 and last 4 digits of the card number, and the expiry date clearly visible.



By submitting this form you hereby confirm that:

- 1) You are of 18+ years old and this account was registered of your own free will, using your personal information. You give your consent for processing your personal data.
- 2) You are the legitimate holder of the card used and take on the obligation for all the purchases made with 24VIP Casino.
- 3) You have read the 24VIP Casino's T&C and agreed to them

Date: _____

Signature: _____