

Lucky Tiger Casino 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 faxback@luckytigercasino.com

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

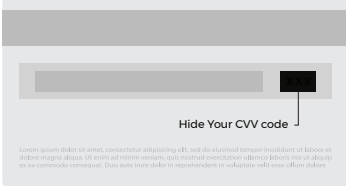
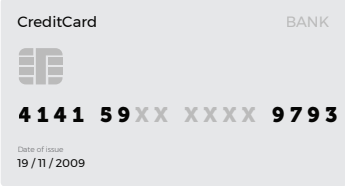
Please, choose the type of card you have used for depositing with Lucky Tiger Casino

VISA	MASTERCARD	A M E X
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Fill in the first 6 and the last 4 digits of the card number, and the expiry date

Card number:	[Input Field]	Expiration date:	[Input Field]
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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 Lucky Tiger Casino.
- 3) You have read the Lucky Tiger Casino's T&C and agreed to them

Date: _____

Signature: _____