

VERIFICATION FORM

I certify that the electronic media record of my transaction held by PrimaPlay 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 PrimaPlay license and agree to abide by all the rules, terms, conditions, and agreements therein and as may be amended from time to time.

PERSONAL INFORMATION	
Name (as shown on account):	Username:
Address Line #1:	
Address Line #2:	
	_ County:
ZIP/Postal Code:	_ Country:
Home Phone: ()	Work Phone: ()
Email:	
Date of Birth:/(mm/dd/yyy	
BANKING INFORMATION	
Type of Card:	
Expiration Date:/(mm/yyy	/y)
For all other processors used please give accou	unt details here:
Bank Information (for Wire Transfers): Bank Name:	
Bank Phone: ()	
ABA/Swift/ IBAN #:	Account Name:
Account Number:	
Also remember to send us a visible copy of you	or driver's license or other form of official photo I.D.
as well as a copy of each credit card used.	
AUTHORISATION	
*Please accept this as authorization for PrimaP	Play, to draft the above listed Credit Card / Payment
Processor and continue such authorization unl	til I notify PrimaPlay and the bank listed in writing.

Signature:_____Date:___/_____