



New Jersey Casino Control Commission

Applicant Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
(if applicable)

### Credit Card Authorization



Card Type:

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_  
(please print)

Cardholder Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Cardholder Phone Number: \_\_\_\_\_

I authorize the State of New Jersey, Casino Control Commission to charge the above referenced credit card for the amount of \$\_\_\_\_\_.  
(please enter amount)

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

Please note that all fields on this form must be completed. Failure to do so will result in the form being returned to you and may delay the processing of your application.

Any questions regarding the completion of this authorization form should be directed to the Commission's Revenue Unit at (609) 441- 3746.

\_\_\_\_\_ For CCC Use Only \_\_\_\_\_

Authorization # \_\_\_\_\_

Date \_\_\_\_\_

Rev. Unit \_\_\_\_\_