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CREDIT CARD AUTHORIZATION AGREEMENT FORM

One form needs to be completed for each credit card

I, _____, bearer of Sports Off Shore (SOS) account # _____ acknowledge the intent of the transaction(s) made payable to Sports Off Shore.

I am fully aware that SOS is a legal and licensed Sports Gaming and Casino service and that the transaction(s) on my credit card statement, detailed as "CARIBSPORTS.COM, 18006117000", will reflect the funds sent to SPORTS OFF SHORE LTD and that they will be used for gaming purposes.

Credit Card Number _____ Expiry Date (mm/yy) _____

3 digit card Verification number _____
(can be found on the back of the card)

Name of Issuing Bank _____
(as it appears on the Statement)

Name of Card Holder _____
(as it appears on the Credit Card)

Credit Card Billing Address _____
(as it appears on the Statement)

City _____ State _____ Zip _____

Drivers License Number _____ Drivers License Issuing State _____
(as it appears on the Drivers License) (as it appears on the Drivers License)

Last Four Digits of SS#: _____ Email Address _____

Date of Birth Month _____ Date _____ Year _____

By submitting this form, I agree and acknowledge the transaction(s) made against this credit card are final and irrevocable.

Along with this completed and signed form kindly attach the following and send to fax number 1-800-482-0328 or e-mail to accounts@playlegal.com.

- Legible copy of the FRONT and BACK of the credit card that you are using
- Legible copy of VALID signed photo ID (driver's license or passport) and the signature MUST be included

Signature of Cardholder: _____ Date: _____

SOS GUARANTEES THAT CARDHOLDER INFORMATION IS KEPT STRICTLY CONFIDENTIAL