



New Jersey Casino Control Commission

Applicant Name: _____ License Number: _____
(if applicable)

Credit Card Authorization



Card Type: (Circle Only One) AMEX MASTERCARD VISA DISCOVER

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 _____