

Mail to:

INTERBETS / CATSKILL OTB

Box 3000, Pomona, NY 10970

ACCOUNT APPLICATION FORM Fax to: 845-362-0419 or bring to branch!



NAME:		
Last	First	Middle
ADDRESS:		
Street		
City	State	Zip
MAILING ADDRESS: (IF DIFFERENT)		
DATE OF BIRTH:	Month Day Year	<i>Include copy of license or other acceptable photo ID forms (call for more info)</i>
	/ /	
SOCIAL SECURITY #:		<i>Include copy of SS card</i>
CODE WORD:		<i>Up to 10 letters, no numbers</i>
4 DIGIT PIN #:	___ _ _ _	E-Mail Address:
TELEPHONE # :		TYPE OF ACCOUNT
AMOUNT ENCLOSED:	\$	CHECK ONE (Internet wagers are not surcharged):
Can we send you updates via mail or e-mail?	___ Yes ___ No	___ Traditional Account ___ No-Surcharge Account
		<i>Include \$300 escrow for no surcharge on winnings for phone, IVR & Interbets rewards card wagers at branches.</i>

CHECK HERE FOR Interbets Player's Card! Existing account? Complete this section only!

Yes! Send me my Interbets /Catskill OTB Account Wagering Player's Card. My Interbets Card will allow me to make deposits, withdrawals and account wagers through self service terminals at Catskill OTB branch locations, and enables me to participate in Interbets rewards and promotions. I have read, accept and agree to abide by Interbets/Catskill OTB account wagering rules and regulations. I agree that Interbets/Catskill OTB will not be responsible for the funds charged to my account as a result of unauthorized use of my card and/or password code.

Signature: _____ **Date:** _____ **Acc't #** _____

I hereby request that Catskill OTB issue an advance wagering account in my name. I agree to be bound by all Interbets/Catskill OTB Account Wagering Rules and Regulations. I agree that OTB shall not be responsible for funds charged to my account as a result of unauthorized use of the card and/or password code. By my signature below, I grant permission to use the information from my application to verify my identity. In conformance with IRS W-9 Certification, under penalty of perjury, I certify that (a) the number shown on this form is my correct Social Security number; (b) I am not subject to any backup withholding and (c) I am a U.S. person. I permit OTB to automatically process W-2G forms resulting from IRS-reportable winnings and I attest all information provided is accurate and I am eighteen years of age or older.

Signature: _____ **Date:** _____

INCLUDE CHECK/MONEY ORDER; COPIES OF YOUR DRIVER'S LICENSE & SOCIAL SECURITY CARD (See list for other acceptable ID forms)
CATSKILL OTB, Park Place, BOX 3000, POMONA, NY 10970

For OTB use:	
Date	
Account #	
PT #	
PIN #	
06-10	