



BUSINESS OFFICE USE ONLY
Account # _____

A Service of eBet Technologies, Inc.

HORSEPLAYERSBET.COM

Account Application/Identification Verification

(Requirement of Oregon Racing Commission 462-210-0030)

Last	First	Initial
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Residential Street Address (cannot use P.O. Box) _____

City	State	Zip Code
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Mailing Address (if different from residential) _____

City	State	Zip Code
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Telephone Number (including area code)	Social Security Number
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E-mail Address	Date of Birth (Month-Day-Year)
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State Driver's License # or State Issued ID	Expiration Date (Month-Day-Year)
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FILL IN PASSWORD/SECURITY CODE, USING <u>AT LEAST 4 BUT NO MORE THAN 10</u> ALPHA/NUMERIC CHARACTERS _____

FILL IN PERSONAL ID NUMBER (PIN) USING 4 NUMBERS _____

I certify that I am 18 years of age or older and I have read and agree to abide by the HorseplayersBet.com Terms & Conditions included with this application.

I also give consent to HorseplayersBet.com and its agents (including, not limited to, eBet Technologies, Inc.) to perform any and all verifications that may be necessary, to include obtaining information from credit reporting agency(s).

I understand that neither HorseplayersBet.com nor its agents (including, but not limited to, eBet Technologies, Inc.) makes no warranties with regard to the services to be provided hereunder, including warranties of merchantability or fitness for a particular purpose. In no event shall HorseplayersBet.com or its agents (including, but not limited to, eBet Technologies, Inc.) be responsible for damages of any kind including consequential damages, arising out of the services to be provided, even if HorseplayersBet.com or its agents (including, but not limited to, eBet Technologies, Inc.) were aware of the possibility of such damages prior to providing such services.

I certify that the information provided herein is true and accurate.

Account Holder Signature (required by all account holders)

Date

Once you have completed **AND SIGNED** the application, submit it to: