



A Service of eBet Technologies, Inc.

Account Application/Identification Verification

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

Last

First

Initial

Residential Street Address (cannot use P.O. Box)

City

State

Zip Code

Mailing Address (if different from residential)

City

State

Zip Code

Telephone Number (including area code)

Social Security Number

E-mail Address

Date of Birth (Month-Day-Year)

State Driver's License # or State Issued ID

Expiration Date (Month-Day-Year)

FILL IN PASSWORD/SECURITY CODE, USING AT LEAST 4 BUT NO MORE THAN 10 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 **IdaBet.com Terms & Conditions included with this application.**

I also give consent to IdaBet.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 IdaBet.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 IdaBet.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 IdaBet.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 with

2 proofs of address and email it to: customerservice@idabet.com