

THE ELITE TURF CLUB N.V.

Brion City Hotel
Plaza Almirante Pedro Brion z/n
Suite H-202
Willemstad, Curaçao
Customer Toll Free Telephone: 800-905-9123

U.S. RESIDENT WAGERING ACCOUNT APPLICATION

Name: _____, _____, _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ E-mail: _____

Social Security #: _____ Date of Birth: ____/____/____

Place of Birth (City, State): _____

NOTE: YOU WILL NEED TO SUPPLY A COPY OF YOUR DRIVER'S LICENSE WITH THIS APPLICATION

Anticipated Monthly Play Amount: \$_____

Anticipated Initial Deposit Amount: \$_____

I hereby request that The Elite Turf Club N.V. ("Elite") issue an account in my name. I make this request with the expectation that I will wager at least twenty million dollars (US \$20,000,000) per year on pari-mutuel horse racing through Elite. Use of the account constitutes my agreement to be bound by all rules and regulations of Elite. By my signature below, I attest that I am at least twenty-one (21) years of age. I further agree that Elite shall not be held responsible for funds charged to my account as a result of unauthorized use of my account and/or password. I understand that all winnings will be credited to my account, less any mandatory Federal and local State withholding when required by law. I acknowledge that I will receive a W2-G when required by law, and understand that it is my responsibility to claim all gambling winnings on my federal and state tax

returns as applicable. I attest that all the information provided by me is true and accurate, and agree to have my identity, residency, citizenship, date of birth, social security number or equivalent government tax identification number, and other information verified on a periodic and/or semi-annual basis by a reputable third party identification service through use of a background check or otherwise. A facsimile or electronic signature shall have the same effect as an original signature.

Signature: _____

Date: ____/____/____