

**PNGI CHARLES TOWN GAMING LLC HOLLYWOOD
CASINO AT CHARLES TOWN RACES HORSEMEN
ACCOUNT DISBURSEMENT REQUEST**

Fax request to: (304) 724 – 4225
Horsemen's Bookkeeping Office

Note: A signed W-9 (with correct tax identification information) must be on file with the Horsemen Bookkeeping Office, for this request to be honored. Individuals must have a social security number; partnerships, LLC's and corporations need a federal identification number. Foreign accounts require U.S. issued ID number and a completed W8-BEN.

ACCOUNT NUMBER: _____ **Phone number** () _____ - _____
FUNDS WILL BE DRAWN AGAINST **Fax number** () _____ - _____

ACCOUNT NAME: _____

DATE: ____/____/____

AMOUNT TO BE DISBURSED: _____
 (Checks will be cut on Monday and mailed Tuesday unless pickup requested. Checks only available for pickup on Thursday nights. Checks not picked up on Thursday will be mailed on Friday)

All checks will be mailed to W-9 address, unless picked up or Fed-X is indicated below.

- Pickup.** Check will be picked up by _____
- Fed-Ex (only with customer account provided)** Fed-Ex #: _____
- AMOUNT TO BE TRANSFERRED:** _____
 Transfers only to other – same owner accounts

<i>The Horsemen Bookkeeping Office is authorized to disburse / transfer as indicated below:</i>	
<input type="checkbox"/>	CHECK MADE PAYABLE TO THE ACCOUNT NAME (Corporations and LLC's can only be disbursed in the corporation name)
<input type="checkbox"/>	Pay the Authorized Agent on file (name) _____ Account # _____ (Not allowed for Corporations or LLC's)
<input type="checkbox"/>	Pay a Listed Partner on Account _____ Account # _____
<input type="checkbox"/>	Pay (name) _____ Account # _____ (W.V. Racing Commission or PNGI Charles Town Gaming, LLC.)

I _____ the (owner) (authorized agent) have signature rights to the above account and do authorize the above transaction.

_____/_____/____
Signature of owner/authorized agent **Date**

Accounting Office
(W-9) _____ Transfer _____
(AA) _____