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

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

or

Email to: cthorsemanbookkeeper@pngaming.com

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 pick Thursday nights. Checks not picked up on Thursday will be m		y available for pickup on
All checks will be mailed to W-9 address, unless	s 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		
The Horsemen Bookkeeping Office is authorized to disburs [] CHECK MADE PAYABLE TO THE ACC (Corporations and LLC's can only be disbursed in the corporation)	COUNT NAME	elow:
[] Pay the Authorized Agent on file (name) (Not allowed for Corporations or LLC's)		Account #
[] Pay a Listed Partner on Account		Account #
[] Pay (name) (W.V. Racing Commission or PNGI Charles Town Gami		Account #
(W.V. Racing Commission or PNGI Charles Town Gami	ing, LLC.)	

I	_ the (owner) (authorized agent) have
signature rights to the above account and do auth	norize the above transaction.

Signature of owner/author	ized agent	/ / Date
Accounting Office (W-9) (AA)	Transfer	