



## Suffolk OTB Wagering Account, Internet Account & Player's Club Application

*(Must be New York State resident for Internet Wagering)*

(This Section Must Be Completed in Full)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Sec # \_\_\_\_\_ Tel # \_\_\_\_\_

Email Address: (optional) \_\_\_\_\_ US Citizen

▶ Being added to our mailing list subscribes you to our e-mail notices regarding upcoming events and promotions.  
By supplying your e-mail address you are requesting to be contacted by e-mail.

▶ **MUST** wager \$15,000 per month to qualify for Player's Club Rewards

▶ Send Player's Club Rewards Program card to location (check one):

Address Above       Branch \_\_\_\_\_ Specify Branch

*Select ONE option below*

***OTB Pay***  
**It's the easy way to fund your account.**  
  
**1-866-LOADOTB**  
**(1-866-562-3682)**  
  
**Register today!**

### Wagering Account/Internet Wagering Only

\_\_\_\_\_ I request a Suffolk OTB Wagering Account/Internet Wagering Account  
 I have enclosed a check payable to Suffolk OTB Corp in the amount of \$ \_\_\_\_\_ (Minimum \$10)

\* PIN (create 4 digit PIN from 1000 to 9999) \_\_\_\_\_

### Wagering Account/Internet Wagering Account AND Player's Club Rewards Program

\_\_\_\_\_ I request to be issued a Suffolk OTB Wagering Account/Internet Wagering Account and enrollment in the Player's Club.  
 I have enclosed a check payable to Suffolk OTB Corp in the amount of \$ \_\_\_\_\_ (Minimum \$10)

\* PIN (create 4 digit PIN from 1000 to 9999) \_\_\_\_\_

### Player's Club Rewards Program for Existing Wagering Account/Internet Wagering Account Holders

\_\_\_\_\_ I have a Suffolk OTB Wagering Account/Internet Wagering Account and request to be enrolled in the Player's Club.  
 (Do not include your PIN)

(Required) **Please Provide Existing Account #** \_\_\_\_\_

By my signature below, I attest that I am at least 18 years old and have read, accept and agree to abide to Suffolk OTB's Wagering and Player's Club Rules. Moreover, I agree that Suffolk OTB will not be responsible to me for funds charged to my account resulting from unauthorized use of the card and/or PIN. I hereby grant Suffolk OTB permission to verify my social security number, date of birth and address, as well as automatically process any IRS W-2G forms required for reportable winnings. I acknowledge that if I falsify information on this application I may be subject to criminal and civil penalties and forfeit funds on deposit.

\_\_\_\_\_ I have enclosed a copy of my Drivers License and a copy of my Social Security Card

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Bring your completed application to any Suffolk OTB branch. See [www.suffolkotb.com](http://www.suffolkotb.com) for a complete listing of all branches.

**FOR BRANCH USE ONLY**

Photo ID

SS#

Heard About Internet Wagering From:  
 \_\_\_\_\_ Daily Racing Form (DRF)  
 \_\_\_\_\_ DRF E-Mail  
 \_\_\_\_\_ DRF Web Site  
 \_\_\_\_\_ Other \_\_\_\_\_

MGR. Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Br # \_\_\_\_\_

[www.suffolkotb.com](http://www.suffolkotb.com)