

HOLLYWOOD GAMING
MAHONING VALLEY RACE COURSE
HORSEMEN ACCOUNT DISBURSEMENT REQUEST

MVR.Bookkeeper@pngaming.com

Fax: 330-505-8661 Phone: 330-505-8807

Note: A current signed W-9 (with correct tax identification information) must be on file with Horsemen's Bookkeepers Office, for this request to be honored. Individuals must have a social security number; partnerships and corporations need a federal identification number.

ACCOUNT NUMBER: _____

FUNDS WILL BE DRAWN AGAINST

LEGAL STATUS OF ACCOUNT: (INDIVIDUAL) (PARTNERSHIP) (CORPORATION)

ACCOUNT NAME: _____

Phone Number: _____

E-mail Address: _____

DATE: ____/____/____

AMOUNT TO BE DISBURSED: _____

(A SINGLE DAILY DISBURSEMENT WILL BE ISSUED AS INDICATED BELOW)

THIS CHECK SHOULD BE (MAILED 1ST CLASS) or (PICKED UP BY) _____

AMOUNT TO BE TRANSFERRED: _____

(TRANSFERS ONLY TO SAME OWNER ACCOUNT/AUTHORIZED AGENT/OR RACING COMMISSION)

The Horsemen Bookkeeping Office is authorized to disburse / transfer as indicated below:

CHECK MADE PAYABLE TO THE ACCOUNT NAME

(Corporations can only be disbursed in the corporation name)

Pay the authorized agent on file (Name) _____ Acct# _____

Pay a listed Partner (Name) _____ Acct# _____

Pay (Name) _____ Acct# _____

(Only to same owner account/authorized agent/ OH Racing Commission)

Address if mailed : _____

I, _____ the (Owner) (Authorized Agent) have signature rights to the above account and do authorize the above transaction.

Signature of owner/authorized agent

Date