



## TELEPHONE ACCOUNT REQUEST

Last Name (please print)		First Name	Middle Initial
Mailing Address		City/State/Zip Code	
Select (4) Digit PIN Number	County		NY State Telephone Number
Social Security Number			

Please check your account choice and enclose a check or money order payable to *Western Regional Off-Track Betting Corp.*

\$ \_\_\_\_\_ is enclosed as initial deposit.

ALL PERSONAL CHECKS OVER \$50.00 HAVE A THREE (3) CALENDAR DAY WAITING PERIOD BEFORE YOUR ACCOUNT CAN BE CREDITED.

\_\_\_\_\_ CLASSIC ACCOUNT (\$10 minimum required)

\_\_\_\_\_ VIP ACCOUNT (\$300.00 minimum required – No surcharges)

\_\_\_\_\_ Please change my existing account to a VIP account.

I certify that I am at least 18 years of age.

Signature \_\_\_\_\_

Mail the completed form with your deposit to:

WESTERN REGIONAL OFF-TRACK BETTING CORPORATION  
ATTN: DIAL-A-BET  
8315 Park Road  
Batavia, NY 14020-9919