



We will not bill your credit card until we get you a total due via e-mail and you confirm that you wish to make the purchase. **To request tickets, please complete this form, print, sign it and FAX it to our main office in Madrid Spain, FAX number (+34) 91 523 2159. For example, if faxing from the U.K., FAX to 0034915232159. If faxing from the U.S.A., FAX to 01134915232159. PLEASE DO NOT PRINT AND THEN FILL IN BY HAND. YOU MUST FILL IN (TYPING) AND THEN PRINT & SIGN FOR FORM TO BE VALID.**

1. CHOOSE A DRAW: Xmas 2009 >DEADLINE PAST Niño Jan.2010 > Gordo Summer 2010 >
2. CHOOSE YOUR PLAY METHOD BELOW:

FullPlay 40€/déc.

PlayShare 23€/déc.

3. TYPE INTO THE BOXES THE NUMBER OF EACH TYPE OF TICKET YOU WANT:

- A. Single décimos with the same play number.
N° of tickets requested →
- B. Single décimos with different play numbers.
N° of tickets requested →
- C. Full tickets (10 décimos).
N° of tickets requested →

Check this box → if you wish for us to courier the ticket/s to you before the draw instead of holding them in our safe (available for "FullPlay" METHOD ONLY AND **NOT RECOMMENDED**). Cost is an additional 60 Euros. **WE WILL NOT BE RESPONSIBLE FOR TICKETS LOST IN TRANSIT.**

TOTAL TICKET COST

(leave blank, for our use):

Euros

4. YOUR PERSONAL INFORMATION:

Full Name:

E-mail:

Home City & Country:

Home/Cell phone:

5. PAYMENT INFORMATION: We accept VISA, MASTERCARD or BANK TRANSFERS as payment. Please note that if you choose to pay by CC we will not bill your card until we get you a total quote via e-mail and you accept it.

Please check this box → if you prefer to pay via bank transfer. If so, please skip the section below.

– OR –

Provide Credit Card payment information.

Card type: VISA / MC

Name exactly as it appears on the card:

NOTE: to avoid fraud, the name above is the name any and all winnings will be paid out to so we advise you not to use someone else's credit card unless you want to make them a millionaire. WE WILL CHECK WITH YOUR ISSUING BANK THAT THE CREDIT CARD NUMBER AND CARD HOLDER NAME MATCH.

Card number (16 digits):

CVV code: Exp.:

WHEN YOU HAVE FINISHED FILLING IN SECTIONS 1-5 YOU SHOULD PRINT THIS FORM AND THEN SIGN IT BELOW.

YOUR SIGNATURE (cardholder MUST sign):

If you have any doubts about what things on this form mean, please consult our website at www.thefatone.com for more information.

When you have completed this form, please print it out, sign it and FAX it to (+34) 91 523 2159 so we can get you a total price quote.