



Automated Systems America, Inc.

**Credit Card Recovery Report**

**Casino Name:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Employee Address:** \_\_\_\_\_

**Employee SSN:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Date Recovered:** \_\_\_\_\_

**Recovery Reason:** \_\_\_\_\_

**Attach Card Here**

Cut card in half length-wise  
DO NOT CUT MAG STRIP ON THE BACK  
OF THE CARD

OFFICE USE ONLY

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

Reward Amount: \_\_\_\_\_

Reward Mailed On: \_\_\_\_\_

Mail Form To:  
ASAI  
Attn: Christopher  
2600 Foothill Blvd. Suite 202  
Glendale, CA 91214