

NEW APPLICATION
 UPDATING INFORMATION

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**FREMONT HOTEL & CASINO
CREDIT APPLICATION
(PLEASE PRINT)**

ARRIVAL DATE: _____ AMOUNT REQUESTED: _____

NAME: _____ DATE OF BIRTH: _____

****PLEASE PRINT YOUR NAME AS IT APPEARS ON YOUR IDENTIFICATION****

SS#: _____ DRIVERS LIC.#: _____ EXP DATE: _____

HOME ADDRESS: _____ HOME PH: _____

CITY: _____ STATE: _____ ZIP CODE: _____

**PREFERRED MAIL ADDRESS: HOME BUSINESS OTHER (CHECK ONE)

EMPLOYER NAME: _____ POSITION: _____

BUSINESS ADDRESS: _____ BUS. PH#: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BANK INFORMATION (CHECKING ACCOUNTS ONLY)

#1
BANK NAME: _____ CITY & STATE: _____

ACCOUNT#: _____ PERSONAL BUSINESS

BANK ROUTING ABA#: _____ BRANCH: _____

#2
BANK NAME: _____ CITY & STATE: _____

ACCOUNT#: _____ PERSONAL BUSINESS

BANK ROUTING ABA#: _____ BRANCH: _____

PLEASE COMPLETE THE CREDIT APPLICATION IN FULL. SEND A VOID CHECK FROM THE CHECKING ACCOUNT YOU WILL BE USING WHILE VISITING THE FREMONT. WE WILL ALSO NEED A COPY OF YOUR DRIVERS LICENSE. ONLY A SIGNATURE IS REQUIRED ON THE ATTACHED CREDIT INQUIRY. SIGN THE CREDIT INQUIRY AND RETURN ALL IN THE POSTPAID ENVELOPE.
THANK YOU

