



# Application for Casino Credit

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Arrival: \_\_\_\_/\_\_\_\_/\_\_\_\_

Line of Credit Requested: \_\_\_\_\_  
(Minimum Line is \$1000.00)

**Personal Information**      Players Card #: \_\_\_\_\_  
Name (Last Name, First) \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Years at Residence: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Identification Type:       State Drivers License  
\_\_\_\_\_  
 State ID       Passport

Identification Number: \_\_\_\_\_  
Issued By: \_\_\_\_\_ Expires: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Position Held: \_\_\_\_\_

All Mail and Correspondence to:  
 Home       Business       No Mail

**Banking Information**  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Bank Contact: \_\_\_\_\_  
Type of Account:       Personal       Business  
Bank Routing #: \_\_\_\_\_  
Bank Account #: \_\_\_\_\_

**Secondary Bank Information**  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Bank Contact: \_\_\_\_\_  
Type of Account:       Personal       Business  
Bank Routing #: \_\_\_\_\_  
Bank Account #: \_\_\_\_\_

All Counter/Personal Checks are to be Deposited to Which Account:  
 Primary       Secondary

I give Boyd Biloxi, LLC d/b/a: IP Casino Resort & Spa and its representative's authorization to obtain and verify my financial information (including but not limited to account balance information) from any source, obtain my financial and employment history and exchange information with others about my financial and account experience with the IP Casino Resort & Spa. I agree not to hold any of the entities responsible or liable for the information released, nor the IP Casino Resort & Spa for its use of any such information. I agree that IP Casino Resort & Spa may retain and use the information on this application and any information it receives based on my authorization whether or not I am granted counter check signing privileges. As a condition to being granted counter check signing privileges, I agree to sign credit instruments, aka counter checks in the amount of the funds (e.g. chips, cash, tokens, etc.) issued to me. Further, I authorize IP Casino Resort & Spa to complete any of the following information on those counter checks: (1) name of payee; (2) a date; (3) name, account number and/or address of any of my banks and financial institutions; (4) electronic encoding of the above and; (5) as otherwise authorized by law. The information inserted may be for any account from which I now or may in the future have the right to withdraw funds, regardless of whether or not that account now exists, and whether or not I provided the information on the account to IP Casino Resort & Spa. I REPRESENT THAT AT THE TIME I SIGN ANY COUNTER CHECKS, I HAVE ON DEPOSIT IN ACCOUNTS ON WHICH I AM AN AUTHORIZED SIGNATORY FOR ALL PURPOSES, WITHOUT RESTRICTION, FUNDS SUFFICIENT TO PAY SUCH COUNTER CHECKS UPON DEMAND OR PRESENTMENT. I acknowledge that irrespective of any currency exchange laws in the country in which I reside, I have the ability and intent to legally pay through my bank or financial institution the funds represented by the counter checks signed by me and given to IP Casino Resort & Spa. I also acknowledge that an independent agent collecting front money deposits or payments on my outstanding balance is my agent and not an agent for IP Casino Resort & Spa or any of its affiliates. I agree that each counter check I sign is a separate transaction. I agree that Mississippi law exclusively applies to these transactions, that the exclusive jurisdiction for any dispute arising out of or related to any of the above shall be a state or federal court sitting in Harrison County, Mississippi and that I waive any requirement of presentment. Warning: For the purposes of Mississippi law, a credit instrument is identical to a personal check and may be deposited in or presented for payment to a bank or other financial institution on which the credit instrument is drawn. Willfully drawing or passing a credit instrument with the intent to defraud, including knowing that there are insufficient funds in an account upon which it may be drawn, is a crime in the State of Mississippi which may result in criminal prosecution in addition to civil proceedings to collect the outstanding debt. I agree that all collection fees and court costs associated with the collection of bad debt including reasonable attorney fees and applicable interest will be paid by me, the debtor. In addition to any amounts authorized by law, I will pay interest at the rate of eight percent (8%) per annum, unless prohibited by Mississippi law, and in such case at the highest amount permitted by Mississippi law, from the date of issuance of the marker or if dishonored by a financial institution. I agree that the information set forth above is true and accurate to the best of my knowledge. IP CASINO RESORT & SPA ENDORSES RESPONSIBLE GAMING. At your request, IP Casino Resort & Spa will provide you with information on our self exclusion program. In addition, IP Casino Resort & Spa will cancel or limit your access to counter checks signing privileges on your written request. If you or anyone you know has a problem gaming responsibly, please call 888-777-9696.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Marker Policy:**  
All markers that are not redeemed upon departure will be deposited in seven (7) days of issue unless prior arrangements are made with an authorized credit grantor. No markers will be issued for less than \$500.

\_\_\_\_\_ Guest Initials for acceptance of Marker Policy

Approvals: Numeric: \_\_\_\_\_ Alpha: \_\_\_\_\_ US Dollars

Approved By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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