



## CREDIT APPLICATION

ARRIVAL DATE \_\_\_\_\_

LIMIT REQUESTED PER TRIP OR 14 DAYS \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ POSITION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

EXP. DATE \_\_\_\_\_

OTHER PHOTO ID (REQUIRED) \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
*Military ID, Passport or State Identification*

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### BANK #1

NAME OF BANK \_\_\_\_\_  PERSONAL  BUSINESS

ACCOUNT # \_\_\_\_\_ ROUTING # \_\_\_\_\_

### BANK #2

NAME OF BANK \_\_\_\_\_  PERSONAL  BUSINESS

ACCOUNT # \_\_\_\_\_ ROUTING # \_\_\_\_\_

***Applicant(s) understands and agrees that the information contained in this application may be disseminated by the casino to a credit reporting company such as Central Credit, Inc., and that the applicant, by signing the within credit application, does hereby consent to such disclosure.***

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***Send copy of current driver's license (including expiration date) and other listed photo identification, along with a copy of a voided check. Please sign and initial the bank form attached and return to our credit department. Please call if you have any question: (888) 365-7111, ext. 6189 or fax directly to our office at (702) 365-7544.***



**HOTEL & CASINO ■ LAS VEGAS**

4500 W. Tropicana Avenue  
Las Vegas, Nevada 89103  
(702) 365-7111  
(702) 365-7544 – Fax  
(888) 365-7111, Ext. 6189

**PERSONAL ACCOUNTS**

**TO:**

To Whom It May Concern,

In establishing credit with us, which includes check cashing privileges, the mutual customer listed below has given your bank as one of several references.

We would appreciate if you would check the information below in the appropriate boxes, providing us with an **Open Date, Average Balance** and **Any Other Pertinent Information** and return the inquiry promptly in the enclosed envelope.

Any information given will be held in the strictest confidence and without recourse.

Thank you,  
The Orleans Hotel & Casino Credit Department

\_\_\_\_\_  
CUSTOMER SIGNATURE & DATE

\_\_\_\_\_  
E-MAIL ADDRESS

<b>CREDIT RATING</b>				
<b>TYPE OF ACCOUNT</b>	<b>AVERAGE BALANCE</b>			<b>OPEN DATE</b>
	<b>LOW</b>	<b>MEDIUM</b>	<b>HIGH</b>	
<b>PERSONAL CHECKING</b>				
<b>BUSINESS CHECKING</b>				
<b>SAVINGS</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>				
<b>MONEY MARKET / OTHER</b>				

**NOTICE:** *Your Bank May Charge For This Service.  
The Orleans Hotel & Casino Will Not Be Held Responsible For Any Fees.*

CUSTOMER'S INITIALS \_\_\_\_\_

CASHIER'S INITIALS \_\_\_\_\_