

THE ORLEANS CREDIT APPLICATION

(please print)

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 I.D.

(REQUIRED):

*MILITARY I.D., PASSPORT OR
STATE IDENTIFICATION*

_____ EXP. DATE: _____

SOCIAL SECURITY #: _____ - _____ - _____

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 questions: (888) 365-7111 ext. 6189 or fax directly to our office at (702) 365-7544.



4500 W. Tropicana Ave
Las Vegas, Nevada 89103
(702) 365-7111
(702) 365-7544 – fax
(888) 365-7111 ext. 6180

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

CREDIT RATING				
TYPE OF ACCT:	AVERAGE BALANCE:			OPEN DATE:
	LOW	MEDIUM	HIGH	
PERSONAL CHECKING:				
BUSINESS CHECKING:				
SAVINGS:	YES		NO	
MONEY MARKET / OTHER:				

**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: _____