



CREDIT APPLICATION

(please print)

ARRIVAL DATE: _____ LIMIT REQUESTED PER TRIP OR 14 DAYS: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

PHOTO ID #: _____ EXP. DATE: _____

EMAIL: _____

EMPLOYER NAME: _____ POSITION: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

Bank #1

BANK NAME: _____ PERSONAL BUSINESS

ACCOUNT #: _____ ROUTING #: _____

Bank #2

BANK NAME: _____ 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. If you have any questions please call (888) 365-7111 ext. 6189 or fax directly to our office at (702) 365-7544.