

SAM'S TOWN 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 NO.: _____ STATE: _____

EXP. DATE: _____

OTHER I.D.: _____ EXP. DATE: _____

SOCIAL SECURITY NO. _____

BANK 1.

NAME: _____ PERSONAL
BUSINESS

ACCOUNT NO. _____
ROUTING NO. _____

BANK 2.

NAME: _____ PERSONAL
BUSINESS

ACCOUNT NO. _____
ROUTING NO. _____

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), SEND COPY OF VOIDED CHECK. PLEASE SIGN AND INITIAL THE BANK FORM ATTACHED AND RETURN TO OUR CREDIT DEPARTMENT.

PLEASE CALL IF YOU HAVE ANY QUESTION: 1/800-897-8696 EXT. 8001 OR FAX DIRECTLY TO OUR OFFICE AT 1/702-454-8038.



5111 Boulder Hwy
 Las Vegas, NV 89122
 702/454-8001
 702/454-8038(fax)
 1/800-897-8696 extension 8001

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

SAM'S TOWN CREDIT DEPARTMENT

Customer signature and date

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

NOTICE: YOUR BANK MAY CHARGE FOR THIS SERVICE.
SAM'S TOWN HOTEL AND GAMBLING HALL WILL NOT BE HELD RESPONSIBLE FOR ANY FEES.
 Customer's Initials: _____ Cashiers' Initials: _____