



PERSONAL ACCOUNTS

TO:

In establishing credit with us, which includes check cashing privileges, the mutual customer listed below has given your bank as a reference.

We would appreciate if you would check the information below in the appropriate boxes, providing us with a rating on their personal/and or business account. Please return the inquiry promptly in the enclosed self addressed envelope.

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

Thank you
CREDIT DEPARTMENT

PLEASE PROVIDE AVERAGE NUMERICAL BALANCE/OPEN DATE

NAME:
ADDRESS:
CITY/ST:
ACCT#:
ABA/ROUTING#:

TYPE OF ACCT	AVERAGE BALANCE			OPEN DATE
	HIGH	MED	LOW	
PERSONAL				
BUSINESS				
SAVINGS				
MM/OTHER				

"WARNING: FOR THE PURPOSES OF NEVADA LAW, A CREDIT INSTRUMENT IS IDENTICAL TO A PERSONAL CHECK AND MAY BE DEPOSITED 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 NEVADA WHICH MAY RESULT IN CRIMINAL PROSECUTION IN ADDITION TO CIVIL PROCEEDINGS TO COLLECT THE OUTSTANDING DEBT."

CUSTOMER SIGNATURE

DATE

I GIVE PERMISSION TO OBTAIN INFORMATION REGARDING MY CHECKING ACCOUNT WITH THE BANKS I HAVE LISTED. I WILL NOT HOLD THESE BANKS RESPONSIBLE FOR ANY INFORMATION RELEASED. YOUR BANK MAY CHARGE FOR THIS SERVICE. THE CASINOS LISTED ABOVE WILL NOT BE HELD RESPONSIBLE FOR ANY FEES.

CUSTOMER SIGNATURE

DATE