



HOTEL & CASINO - LAS VEGAS

# CREDIT APPLICATION

*(please print)*

ARRIVAL DATE: \_\_\_\_\_ LIMIT REQUESTED PER TRIP OR 14 DAYS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHOTO ID #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## **SPOUSE INFORMATION**

NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHOTO ID #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

### **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: \_\_\_\_\_

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 877-636-7287 ext. 5145 or fax directly to our office at (702) 636-7287.



**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

<b>NAME:</b>
<b>ADDRESS:</b>
<b>CITY/ST:</b>
<b>ACCT#:</b>
<b>ABA/Routing #:</b>

TYPE OF ACCT	AVERAGE BALANCE			
	HIGH	MED	LOW	OPEN DATE
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