

(please print) ARRIVAL DATE:	LIMIT REQUESTED PER TRIP OR 14 DAYS:					
SOCIAL SECURITY #:	DATE OF BIRTH:					
NAME:						
ADDRESS:		PHONE:				
CITY:	STATE:	ZIP:				
EMAIL ADDRESS:		CELL:				
PHOTO ID #:		EXP. DATE:				
COMPANY NAME:		POSITION:				
ADDRESS:		PHONE:				
CITY:	STATE:	ZIP:				
Bank #1		_	_			
BANK NAME:		PERSONAL				
ACCOUNT #:	ROUTING #:					
Bank #2						
BANK NAME:		PERSONAL				
ACCOUNT #:	ROUTING #:					
Applicant(s) understands and agrees t to a credit reporting company such as		••••••	•			

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 the bank form attached and return to our credit department. If you have any questions please call 1-877-677-7111 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

NAME:	TYPE OF ACCOUNT	AVERAGE BALANCE			
ADDRESS:		HIGH	MED	LOW	OPEN DATE
CITY/STATE:	PERSONAL				
ACCOUNT #:	BUSINESS				
ABA/ROUTING #:	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 INSTRUMNT 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 COLLENT 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 THISES BANKS RESPONSIBLE FOR ANYT INFORMATION RELEASED. YOUR BANK MAY CHARGE FOR THIS SERVICE. THE CASINOS LISTED ABOVE WILL NOT BE HELD RESPONSIBLE FOR ANY FEES.

CUSTOMER SIGNATURE