



CASHIER SIGNATURE: _____

CREDIT APPLICATION
(PLEASE PRINT OR TYPE)

ARRIVAL DATE: _____ CREDIT LIMIT REQUESTED: _____

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ HOME PHONE: (_____) _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMPLOYER NAME: _____ POSITION: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE (_____) _____

CITY: _____ STATE: _____ ZIP CODE: _____

DRIVER'S LICENSE NO.: _____ STATE: _____ EXP. DATE: _____

SOCIAL SECURITY NO.: _____ OTHER ID: _____ EXP. DATE: _____

BANK ACCOUNT
(CHECKING ACCOUNTS ONLY)

BANK NAME: _____ CITY: _____

ACCOUNT NO.: _____ PERSONAL BUSINESS

APPLICANT(S) UNDERSTAND AND AGREES THAT THE INFORMATION CONTAINED N 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.

“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.

APPLICANT SIGNATURE: _____ DATE: _____



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			
	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