



Par-A-Dice Hotel Casino

CREDIT APPLICATION

PLEASE PRINT

NAME (LAST, FIRST, MI) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ RENT OWN #YEARS _____

()
PHONE _____ SS# _____ DATE OF BIRTH _____

BUSINESS INFORMATION

NAME _____ TYPE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ ()
PHONE _____

POSITION _____ #YEARS _____

CHECKING ACCOUNT INFORMATION

BANK NAME (Do not abbreviate) _____ CITY _____ STATE _____ ZIP _____ ()
BANK PHONE _____

ACCOUNT # _____ BUSINESS PERSONAL ABA # _____ ACCOUNT # _____ BUSINESS PERSONAL ABA # _____

\$ _____ \$ _____ \$ _____
INCOME/YR ASSETS SOURCE TOTAL DEBT SOURCE

\$ _____
MAXIMUM CREDIT REQ.

DATE _____ TEMP _____ AUTHORIZOR _____ COMMENTS _____

Gray Areas Areas for Office Use Only

COMPLETE FORM AND FAX TO (309) 698-7704

1. This agreement shall be governed, construed and interpreted in all respects in accordance with the laws of the state of Illinois. 2. The course of the state of Illinois shall have jurisdiction to hear and determine any claims or disputes pertaining directly or indirectly to this Agreement or to any matter arising therefrom. 3. Each of the parties to this Agreement hereby expressly submits and consents in advance to such jurisdiction in any action commenced by the other in the Illinois Courts. 4. I, the undersigned, represent(s) that all statements made by me in this Agreement are true and correct. I authorize Par-A-Dice Gaming Corporation or any of its affiliates to order a consumer report from a credit reporting agency and to exchange pertinent information with others who may properly receive this information. I understand that any and all checks signed by providing false, inaccurate or misleading information of the Credit Agreement may subject me to criminal and/or civil liability.

CUSTOMER SIGNATURE _____

DATE _____