

Executive Host _____

Application Date _____



Casino Credit Application (Please Print All Information)

Name: Last		First	Middle	Bank # 1		ABA#					
AKA		Cell Phone #		Address		Personal Acct #					
Residence Address		Home #		City, State, Zip		Business Acct #					
City		State		Zip		Branch		Bank Officer		Phone #	
Date of Birth		Social Security #		Bank # 2		ABA#					
Place of Employment				Address		Personal Acct #					
Position		Type of Business		# of Years		City, State, Zip		Business Acct #			
Business Address		Business #		Branch		Bank Officer		Phone #			
City		State		Zip		Drivers License #					
E-mail address				State		Exp. Date		Male		Female	
Preferred Mailing Address				Home		Business		Other		Credit Disposition	
Amount Requested \$				FAX Completed form to (318) 424-5774							

I authorize Sam's Town to investigate my credit record and to furnish information concerning such credit record to credit reporting agencies and others who properly receive this information. I certify that I have reviewed all of the information provided above and that it is true and accurate. I authorize Sam's Town to conduct such investigations pertaining to the above information as it deems necessary for the approval of my credit limit and to use such information as it deems proper and necessary in connection with my request. I am aware that I may be subject to civil and criminal liability if any material information provided by me is knowingly false. I authorize Sam's Town, as needed, to share this information with its other gambling subsidiaries. I agree to utilize funds received from the credit line for slot machine play only, and not for pari-mutual wagering.

APPLICANT IS RESPONSIBLE FOR PAYMENT OF CREDIT ISSUED. SHOULD LEGAL ACTION BE REQUIRED TO COLLECT ANY OUTSTANDING BALANCE, APPLICANT AGREES TO PAY 1% PER MONTH INTEREST ON ALL UNPAID BALANCES PLUS COST OF SUIT INCLUDING ATTORNEY FEES.

ALL RETURNED ITEMS ARE SUBJECT TO RETURNED CHECK FEES.

PRIMARY SIGNATURE