

SAM'S TOWN - TUNICA CREDIT APPLICATION

(PLEASE PRINT)

EXPECTED DATE OF ARRIVAL _____ LIMIT REQUESTED _____

NAME _____
(AS IT APPEARS ON YOUR IDENTIFICATION)

DATE OF BIRTH _____

EMPLOYMENT _____ POSITION _____

ADDRESS _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS PHONE _____

RESIDENCE ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

RESIDENCE PHONE _____

DRIVER'S LICENSE # _____ STATE _____ EXP DATE _____

SOCIAL SECURITY NUMBER _____

BANK INFORMATION:

NAME OF BANK: _____ CITY/STATE _____

ROUTING # _____ ACCOUNT # _____

PERSONAL _____ BUSINESS _____ CONTACT _____

NAME OF BANK: _____ CITY/STATE _____

ROUTING # _____ ACCOUNT # _____

PERSONAL _____ BUSINESS _____ CONTACT _____

NAME OF BANK: _____ CITY/STATE _____

ROUTING # _____ ACCOUNT # _____

PERSONAL _____ BUSINESS _____ CONTACT _____

PLEASE FAX THIS APPLICATION WITH A COPY OF YOUR IDENTIFICATION AND A VOIDED CHECK TO: 1-662-363-0764 IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE CALL THE CREDIT DEPT. 1-800-456-0711 EXT. 30719.