



July 27, 2011

Dear Customer:

Thank you for inquiring about credit privileges.

Please fill in all the spaces provided. If possible, please include your expected arrival date at the top of the form.

Be sure to include your driver's license state, number, and expiration date. Your date of birth and social security number are essential for processing. The "disclosure" at the bottom needs to be read and signed. If you are a marker player, please indicate on the limit request along with a requested amount.

If a spouse is to be included, please have him/her sign the application and supply the same pertinent information.

The enclosed bank letter is for your signature only. We ask that you send a "void" check (a copy is acceptable) so that we are able to verify the bank, account number, and routing number. A "deposit slip" cannot be used to verify information. Upon arrival, a copy of your driver's license and your check will be taken if you have not provided it previously. You will also be required to sign a signature card at the Cashier's Cage.

Once the application is complete, return by mail or fax as soon as possible so we can have it completed for your arrival.

Thank you and we look forward to serving you.

CREDIT DEPARTMENT

CREDIT APPLICATION

(Please Print)

ARRIVAL DATE: _____

LIMIT REQUESTED PER TRIP
OR 14 DAYS: _____

NAME: _____ DATE OF BIRTH _____

COMPANY NAME: _____ POSITION: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: () _____

CITY, STATE, ZIP: _____

HOME ADDRESS _____ HOME PHONE: () _____

CITY, STATE, ZIP: _____

DRIVER'S LICENSE NO.: _____ STATE: _____

EXP. DATE: _____

OTHER I.D.: _____ EXP. DATE: _____

SOCIAL SECURITY NO. _____

BANK 1.

NAME: _____ PERSONAL
BUSINESS

ACCOUNT NO. _____

ROUTING NO. _____

BANK 2.

NAME: _____ PERSONAL
BUSINESS

ACCOUNT NO. _____

ROUTING NO. _____

APPLICANT(S) UNDERSTANDS AND AGREES THAT THE INFORMATION CONTAINED IN 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.

APPLICANT SIGNATURE: _____ DATE: _____

SEND COPY OF CURRENT DRIVER'S LICENSE (INCLUDING EXPIRATION DATE), SEND COPY OF VOIDED CHECK. PLEASE SIGN AND INITIAL THE BANK FORM ATTACHED AND RETURN TO OUR CREDIT DEPARTMENT.

PERSONAL ACCOUNTS

TO:

➤ To Whom It May Concern:

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			OPEN DATE
	HIGH	MED	LOW	
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 FRAUD, 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