

ALIANTE MOBILE SPORTS BET APPLICATION

LAST NAME: _____ FIRST NAME: _____ MI: _____

SS#: _____ DATE OF BIRTH: _____ GENDER: M F

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ HOME PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ OTHER PHONE: _____

E-MAIL ADDRESS: _____

TYPE OF ID: _____ ID #: _____ DATE OF EXPIRATION: _____

CELL PHONE: _____ MOTHERS MAIDEN NAME/SECRET WORD: _____

I certify that the information I have provided on this application is accurate. I understand that any false statements made on this application or any failure to comply with any state or federal laws and regulations will be considered grounds for immediate termination of my Aliante Mobile Sports Bet privileges. I understand that it is unlawful to place a wager from outside the State of Nevada and that it is unlawful for Aliante Gaming, LLC to accept wagers that originate from outside the State of Nevada.

I agree to comply with Aliante Mobile Sports Bet Rules which I have been provided. Initials _____
I agree that I have been provide the Aliante Race and Sports Book House Rules. Initials _____
I understand that copies of the above stated rules as well as our Privacy Policy can be found at <http://www.aliantegaming.com/casino/race-sports/> . Initials _____

I consent to the monitoring of my wagering communications by Aliante Gaming, LLC and/or appropriate authorities, including the Nevada Gaming Control Board.

APPLICANT SIGNATURE: _____ DATE: _____

We have witnessed the applicant's signature and have verified the applicant's identity and residence.

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

FOR INTERNAL USE ONLY BELOW THIS POINT

ACCOUNT NUMBER: _____ INITIAL PIN #: _____

DATE ACCOUNT ESTABLISHED: _____ INITIAL DEPOSIT: \$ _____

CELL CARRIER: _____ CELL DEVICE: _____