

CHECK CASHING
CREDIT APPLICATION

AMERISTAR

CASINO ★ HOTEL

Guest Account# _____

Referenced By _____

Clerk Signature _____ License Number _____ Date _____ Time _____ AM PM

Name Last		First		M.I.		BANK #1		ABA #			
AKA		Mother's Maiden Name				Branch		Personal Acct #			
Street Address of Residence				Residence Phone # ()		Street Address					
City		State		Zip		# Years		Phone Number ()			
Credit Requested		Social Security Number		Date of Birth		Bank Officer		Position Personal <input type="checkbox"/>			
Employment Name of Firm (please note if retired)				Sole Proprietorship Yes <input type="checkbox"/> No <input type="checkbox"/>		BANK #2		ABA #			
Type of Business		Position				Branch		Personal Acct #			
Employment Street Address				Business Phone # ()		Street Address					
City		State		Zip		# Years		Phone Number ()			
Alternate Street Address				Alternate Phone # ()		Bank Officer		Position Personal <input type="checkbox"/>			
City		State		Zip		BANK #3		ABA #			
Mail to be sent to Alternate <input type="checkbox"/> Business <input type="checkbox"/> Residence <input type="checkbox"/> No Mail <input type="checkbox"/>						Branch		Personal Acct #			
Application Received By Fax <input type="checkbox"/> Walk In <input type="checkbox"/> Telephone <input type="checkbox"/> Mail In <input type="checkbox"/> Marketing <input type="checkbox"/>											
Personal Identification		ID Presented Contained Description <input type="checkbox"/> Photo <input type="checkbox"/> Neither <input type="checkbox"/>				Street Address					
Drivers License Number		State		Exp. Date		City		Phone Number ()			
Passport Number		Country				Bank Officer		Position Personal <input type="checkbox"/>			
Other ID Presented Type Federal <input type="checkbox"/> State <input type="checkbox"/> Military <input type="checkbox"/>		ID Number				<p>I hereby authorize Ameristar Casino Vicksburg to investigate my credit record and to furnish information concerning such credit record to credit reporting agencies and others who may properly receive this information.</p> <p>I certify that I have reviewed all of the information provided above and that it is true and accurate. I authorize Ameristar Casino Vicksburg to conduct such investigations pertaining to the above information as it deems necessary for the approval of my credit limit. I am aware that this application is required to be prepared by the regulations of the Mississippi Gambling Commission and I may be subject to civil or criminal liability if any material provided by me is willfully false.</p>					
Physical Description		Height	Weight	Eyes	Hair					Glasses Yes <input type="checkbox"/> No <input type="checkbox"/>	
ID Taken By _____ Date _____ Time _____ AM <input type="checkbox"/> PM <input type="checkbox"/>											
Signature of Cashier/ Credit Clerk				License Number							
CRT Signature Verification				Date		Time		AM <input type="checkbox"/> PM <input type="checkbox"/>			
Signature of Cashier/ Credit Clerk				License Number							

Financial Information Supporting Credit Limit Request

Income/Assets Supporting Request	Source	Amount
Other Outstanding Indebtedness	Source	Amount

Casino Credit Limits at Time of Credit Request

Casino	Limit	Time	Casino	Limit

Customer Deposit Card (Cage Use Only)

X

(Copy of voided check must be attached to credit application.)

Signature of Guest (Please sign within box) (Guest's signature as on checks)

Counter checks are not to be used directly or indirectly for wagering at poker.

AMERISTAR
CASINO ★ HOTEL

I give **AMERISTAR CASINO VICKSBURG, INC. (“AMERISTAR”)** and its representatives authorization to obtain and verify my financial information (including but not limited to account balance information) from any source, obtain my financial and employment history and exchange information with others about my financial and account experience with **AMERISTAR**. I agree not to hold any of the entities responsible or liable for the information released, nor **AMERISTAR** for its use of any such information. I agree that **AMERISTAR** may retain and use information on this application and any information it receives based on my authorization whether or not I am granted marker signing privileges.

As a condition to being granted marker signing privileges, I agree to sign credit instruments, aka markers or checks (hereinafter “markers”) in the amount of the funds (e.g. chips, cash, tokens, etc.) issued to me. Further, I authorize **AMERISTAR** to complete any of the following information on those markers: (1) name of payee, (2) a date, (3) name, account number, and/or address of any of my banks and financial institutions, (4) electronic encoding of the above and (5) as otherwise authorized by law. The information inserted may be for any account from which I now or may in the future have the right to withdraw funds, regardless of whether that account now exists, and whether I provided the information on the account to **AMERISTAR**. **I REPRESENT THAT AT THE TIME I SIGN ANY MARKER, I HAVE ON DEPOSIT IN ACCOUNTS ON WHICH I AM AN AUTHORIZED SIGNATORY FOR ALL PURPOSES, WITHOUT RESTRICTION, FUNDS SUFFICIENT TO PAY SUCH MARKER UPON DEMAND OR PRESENTMENT.**

I agree that each marker I sign is a separate transaction. If I receive the funds before I execute a marker, I promptly will sign a marker when presented to me, in the amount of the funds I received.

I agree that Mississippi law exclusively applies to these transactions, that the exclusive jurisdiction for any dispute arising out of or related to any of the above shall be a state or federal court sitting in Hines County, Mississippi and that I waive any requirement of presentment.

In addition to any amounts authorized by law, I will pay all costs of collection, including reasonable attorney’s fees and court costs.

I agree that the information set forth above is true and accurate to the best of my knowledge.

AMERISTAR ENDORSES RESPONSIBLE GAMING: At your request, we will provide you with information on the Mississippi Voluntary Exclusion Program or our self-limit program. We also will cancel your access to marker signing privileges on your written request. If you or anyone you know may have a problem gaming responsibly, please call 1-888-777-9696.

Guest Signature

Date



4116 Washington Street Vicksburg, Mississippi 39180

CONFIDENTIAL CREDIT INQUIRY CREDIT INQUIRY AUTHORIZATION

This is your authorization to release to Ameristar Casino Hotel information concerning my business and personal accounts with your bank, and accept counter changes made payable to Ameristar Casino Hotel. It's my understanding that any information released will be held in the strictest confidence by Ameristar Casino Hotel and will be used for credit purposes only.

A photostatic copy of this authorization will be considered as effective and valid as the original.

GUEST'S SIGNATURE _____ **DATE** _____

For Casino Use Only **Credit Amount Requested** _____

In order to establish credit with us, which includes check cashing privileges, we require the following information on your depositor listed below. We shall appreciate it if you will supply us with the opening date, a twelve month average balance and the current balance for the account(s) listed below or attached.

Name _____ Business Affiliation _____

Residence Address _____

Business Address _____

For Bank Use Only

Type of Account

Personal Checking

Account No. _____

Opening Date _____

12 Mo Average Balance _____

Current Balance _____

Can Sign Alone? Yes No

Rating: Satisfactory Unsatisfactory

Sole Proprietorship Corporate

Account No. _____

Opening Date _____

12 Mo Average Balance _____

Current Balance _____

Can Sign Alone? Yes No

Rating: Satisfactory Unsatisfactory

Savings Account/Certificate

Account No. _____

Opening Date _____

12 Mo Average Balance _____

Current Balance _____

Can Sign Alone? Yes No

Rating: Satisfactory Unsatisfactory

Is the residence address listed above in agreement with your records? Yes No

Bank Representative/Title _____ Date _____

Ameristar Credit Department