DRAFT KINGS AT CASINO QUEEN

CASINO CREDIT APPLICATION

Signature of employee receiving the application:	IGB License Number:

Patron Account Number:
{assigned by the casino}

TO BE COMPLETED BY APPLICANT *PLEASE PRINT*

Requested Credit Limit: $ _____

PERSONAL INFORMATION

Last Name	First Name	M.I.

Residence Address	# of Years

City	State	Zip Code

Residence Phone	Business Phone

Send Mail to:

☐ Business ☐ Residence ☐ None ☐ Other

Address (Other):

EMPLOYMENT INFORMATION

Business Name		

Business Address		

City	State	Zip Code

Position	Type of Business	# of Years

APPLICANT – PERSONAL INFORMATION

Driver's License Number	State	Expiration Date

ID Number & Source (if no DLN)	Country

Date of Birth	Social Security Number

Weight	Height	Eye Color	Hair Color

Glasses: ☐ Yes ☐ No ☐ Male ☐ Female

Identifying Features ☐ None

Identity & Physical Description of Applicant Verified By:

Signature IGB License Number Date

Credit Card Company	Expiration Date

Account #

APPLICANT – BANKING INFORMATION

Bank #1	ABA # or Equivalent
Branch	Account # – Personal
Street Address	Account # – Sole Prop.
City, State, Zip	Phone Number
Bank Contact Name	Position

Bank #2	ABA # or Equivalent
Branch	Account # – Personal
Street Address	Account # – Sole Prop.
City, State, Zip	Phone Number
Bank Contact Name	Position

The format for the categories above is for reference only. All designated fields for Assets, Liabilities, Income and Prior Credit History must be maintained in the patron's credit file.

I authorize this casino to investigate my credit record and to furnish information concerning such credit record to credit reporting agencies. I certify that I have reviewed all of the information provided on this application and that it is true and accurate. I authorize this casino to conduct any investigations pertaining to this application as it deems necessary for the approval of my credit limit and to use such information as it
deems necessary in connection with my request. I am aware this application is required to be prepared by the regulations of the Illinois Gaming Board and I may be subject to civil and criminal liability if any material information provided by me is knowingly false. I authorize this casino, as needed, to share this information with other gaming jurisdictions.

In the event of non-payment, I understand that in addition to the amount of the check or draft, I may be liable for a return fee as permitted by state law for all costs and expenses, including reasonable attorney's fees, incurred by the casino in collection of the outstanding amount, whichever is greater, plus statutorily permitted interest thereon.

Signature (in presence of casino employee) **Date**

Signature of Co-Applicant (in presence of casino employee) **Date**