

CASINO CREDIT APPLICATION

Signature of e	employee receiv	ing the applicati	on: IGB Licer	nse Number:	Patron Account Number:		
					{assigned by the	casino}	
ΓΟ ΒΕ CΩ	MPI FTFD F	Y APPLICAN	NT PLEASE PRI	NT			
<u> </u>							
	Red	quested Cre	edit Limit:	\$			
	INFORMATIO			EMPLOYMENT IN	IFORMATION		
_ast Name		First Name	M.I.	Business Name			
Residence Ado	Iress		# of Years	Business Address			
	000			243633 / 144. 633			
City		State	Zip Code	City	State	Zip Code	
Residence Phone		Business Phon	e	Position	Type of Business	# of Years	
Send Mail to:							
Business	Residence	☐ None	☐ Other				
Address (Other)):						
	DEDCOMAL		d.	ADDUCANT DAN	NIVING INFORMATION		
APPLICANT – PERSONAL INFORMATIO Driver's License Number State		Expiration Date	Bank #1	NKING INFORMATION ABA # or Equiv	ABA # or Equivalent		
onver 5 Electro	e realisei	State	Expiration bate	Bullik III	/ NB/ (# Of Equiv	aiciic	
ID Number & Source (if no DLN) Country				Branch	Account # – Pe	Account # – Personal	
Date of Birth So		Social Security	y Number	Street Address	Account # – So	Account # – Sole Prop.	
Veight	Height	Eye Color	Hair Color	City, State, Zip	Phone Number	r	
Glasses:	Yes No	☐ Male	☐ Female	Bank Contact Name	Position		
dentifying Fea	itures	☐ None					
				Bank #2	ABA # or Equiv	alent	
	D	nt Varified Bu					
Identity (Physical		tense Number	Date	Branch	Account # – Pe	Account # – Personal	
				i			
Identity & Physical Signature							
iignature	IGB Lic	F	siration Date	Street Address	Account # – So	le Prop.	
ignature	IGB Lic	Ехр	piration Date	Street Address		· 	
Signature Credit Card Co	IGB Lic	Ехр	piration Date	Street Address City, State, Zip	Account # – So	· 	
	IGB Lic	Ехр	piration Date	City, State, Zip	Phone Number	· 	
Signature Credit Card Co	IGB Lic	Ехр	piration Date			· 	

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.