

Last Name, First Name, M.I.					
Date of Birth					
Social Security Number					
Street Address of Residence			Bank 1 Name	ABA #	
City	State	Zip Code	Branch Name	Street Address	
Residence Phone (inc. Area Code)			City	State	Zip Code
New Street Address of Residence (if changed)			Acct. # Business	Acct. # Personal	
City	State	Zip Code	Deposit Check to: Bus.	Per.	
New Residence Phone (inc. Area Code)			Bank 2 Name	ABA #	
Business Name		Position	Branch Name	Street Address	
Type of Business			City	State	Zip Code
Street Address of Business			Acct. # Business	Acct # Personal	
City	State	Zip code	Deposit Check to: Bus.	Per.	
Business Phone (inc. Area Code)			Send Credit Correspondence to:	Bus.	Res.
New Street Address of Business (if changed)			Send Marketing Correspondence to:	Bus.	Res.
City	State	Zip Code	Alternate Address:		
New Business Phone (inc. Area Code)			Credit Card Verification Required:	E-Mail Address:	

Last Name, First Name, Middle Name

Date of Birth



Receiver Number

\$ _____
Marker Limit Requested

BEAU RIVAGE ENDORSES RESPONSIBLE GAMING. At your request, we will provide you with information on our self-exclusion program, administered by the Mississippi Gaming Commission. Beau Rivage Resort & Casino will also cancel or limit your access to marker signing privileges upon your written request. If you or anyone you know may have a problem gaming responsibly, please call 1-888-777-9696.

Approved Marker Limit

Date

Customer Signature (AS IT APPEARS ON CHECKS)

Back of form must be signed to activate your marker account

Disposition

Marketing Executive Signature

ID #

Casino Employee Signature

ID #

Marketing Representative _____ Application Received Date _____ Mail Walk-in Phone-in Arrival Date _____

I give Beau Rivage Resort & Casino and its representatives authorization to obtain and verify 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 Beau Rivage Resort & Casino. I agree not to hold any of these entities responsible or liable for the information released, nor Beau Rivage Resort & Casino for its use of any such information. I agree that Beau Rivage Resort & Casino may retain and use this application 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 Beau Rivage Resort & Casino to complete any of the following missing items 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 coding 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 Beau Rivage Resort & Casino.

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 acknowledge that irrespective of any currency exchange laws in the country in which I reside, I have the ability and intent to legally pay through my bank or financial institution the funds represented by the markers signed by me and given to Beau Rivage Resort & Casino. I also acknowledge that an independent agent collecting front money deposits or payments on my outstanding balance is my agent and not an agent for Beau Rivage Resort & Casino or any of its affiliates.

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 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 Harrison County, Mississippi and that I waive any requirement of presentment.

In addition to any amounts authorized by law, I will pay interest at the rate of eight percent (8%) per annum, unless prohibited by Mississippi law, and in such case at the highest amount permitted by Mississippi law, from the date of issuance of the marker (if dishonored by a financial institution) and all costs of collection, including attorneys' fees and court costs.

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

Customer Signature _____ Date _____

Casino Employee Signature _____ Employee # _____ Date _____