



Coshatta Casino Resort Credit Application

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_, Mid: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Residence Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Firm Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Position: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mail to: (check one) Business: \_\_\_\_\_ Residence: \_\_\_\_\_  
Maximum Credit Requested: \_\_\_\_\_

Bank 1 CHECKING ACCOUNTS ONLY

Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Account # Personal: \_\_\_\_\_, Routing # \_\_\_\_\_  
Account # Business: \_\_\_\_\_, Routing # \_\_\_\_\_  
Bank Contact: \_\_\_\_\_

Bank 2 CHECKING ACCOUNTS ONLY

Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Account # Personal: \_\_\_\_\_, Routing # \_\_\_\_\_  
Account # Business: \_\_\_\_\_, Routing # \_\_\_\_\_  
Bank Contact: \_\_\_\_\_

I Hereby Authorize Coshatta Casino Resort To Obtain Credit Information As Needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax To: (337) 738-7771

If you have any questions, please call Alvin Langley at: 1-800-584-7263 ext. 7096 or Amy Fontenot at ext 7324

**ATTENTION CUSTOMERS:**

John Taylor, Casino Independent Rep.  
P.O. Box 270965 Corpus Christi, TX 78427

**\*\*PLEASE MAIL OR FAX BACK TO JOHN TAYLOR AT YOUR CONVENIENCE\*\*  
(361) 853-3059 FAX**