



Please Complete The Form Below And Fax To (702) 794-3383

# CASINO CREDIT APPLICATION

DATE \_\_\_\_\_ CASHIER SIGNATURE \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
CUST \_\_\_\_\_  
ACCT # \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_  
TIME \_\_\_\_\_  AM  PM  
APPLICATION REC'D  MAIL IN  WALK IN  PHONE IN

NAME: Last _____ First _____ M.I. _____			BANK #1 - Checking Account Only No Partnership or Corporation		A.B.A. # _____
AKA _____	MOTHER'S MAIDEN NAME _____	SPOUSE _____	BRANCH _____		ACCT. # PERSONAL _____
RESIDENCE STREET ADDRESS _____		RESIDENCE PHONE NUMBER _____ ( )	NUMBER OF YEARS _____	STREET ADDRESS _____	
CITY _____		STATE _____	ZIP CODE _____	CITY, STATE, ZIP _____	
CREDIT REQUESTED \$ _____		SOCIAL SECURITY NUMBER _____		BANK OFFICER _____	POSITION _____
MAIL TO BE SENT <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> OTHER _____			BANK #2 - Checking Account Only No Partnership or Corporation		A.B.A. # _____
EMPLOYMENT: NAME OF FIRM (PLEASE NOTE IF RETIRED) _____		SOLE PROPRIETORSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO		BRANCH _____	
POSITION _____	TYPE OF BUSINESS _____		NUMBER OF YEARS _____	STREET ADDRESS _____	
FIRM'S STREET ADDRESS _____		BUSINESS PHONE NUMBER _____ ( )		CITY, STATE, ZIP _____	
CITY _____		STATE _____	ZIP CODE _____	PHONE NUMBER _____ ( )	
REFERENCE _____			BANK OFFICER _____		POSITION _____

PERSONAL IDENTIFICATION					
DRIVER'S LICENSE # _____		PHOTO <input type="checkbox"/> YES <input type="checkbox"/> NO			
STATE _____	EXP. DATE _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DESCRIPTION <input type="checkbox"/> YES <input type="checkbox"/> NO		
PASSPORT NUMBER _____	EXP. DATE _____	COUNTRY _____			
OTHER ID PRESENTED - TYPE: _____		EXP. DATE _____	ID NUMBER _____		
CREDIT CARD _____	EST. DATE _____	EXP. DATE _____	ACCOUNT NUMBER _____		
CUSTOMER DESCRIPTION: _____		DOB _____	HEIGHT _____	WEIGHT _____	HAIR COLOR _____
GLASSES <input type="checkbox"/> YES <input type="checkbox"/> NO		IDENTIFYING FEATURES (SCARS, ETC.) _____			
ID TAKEN BY: DATE _____		TIME _____	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SIGNATURE OF CASHIER _____		LIC. # _____			

Before drawing on my line of credit, if granted, I agree to sign credit instruments (i.e. checks) in the amount of the draw. I authorize JCC, L.L.C. to complete any of the following missing items on these credit instruments: (1) the name of the payee; (2) any missing amounts; (3) a date; (4) the name, account number, and/or address and branch of any bank or financial institution; and (5) any electronic encoding of the above items. This information can be for any amount from which I now have or may in the future have the right to withdraw funds, regardless of whether that account now exists, or whether I provided the information on the account to JCC, L.L.C..

I agree that each draw against my credit line is a separate advance of money by JCC, L.L.C.. If I receive the advance before I execute a credit instrument, I promptly will sign a credit instrument in the amount of the advance.

I authorize JCC, L.L.C. to investigate my credit report and to furnish information concerning such credit records to credit reporting agencies and others who may properly receive this information.

"I certify that I have reviewed all of the information provided above and that it is true and accurate. I authorize JCC, L.L.C. to conduct such investigations pertaining to the above information as it deems necessary for the approval of my credit limit. I certify that I am 21 years of age or older. I am aware that this application is required to be prepared by LA Gaming regulations and I may be subject to civil or criminal liability if any material information provided by me is willfully false. I hereby authorize JCC, L.L.C. in its sole discretion to apply any and all chips I may redeem first to the reduction to any outstanding credit balance, with the remainder, if any, to be returned to me. I agree that this application and all credit issued pursuant thereto will be governed, construed and interpreted pursuant to the laws of the State of Louisiana, and venue shall be solely in that state. I agree that JCC, L.L.C. may litigate any disputes involving the credit line, the debt, or the payee in any court, state or federal, in Louisiana. I submit to the jurisdiction of any court, state or federal, in Louisiana.

I further represent that I have not been excluded from any gaming operation, nor have any of my privileges at any gaming operations been restricted, either voluntary or by action of law."

FINANCIAL INFORMATION SUPPORTING CREDIT LIMIT REQUEST	
INCOME	SOURCE/AMT.
ASSETS	SOURCE/AMT.
INDEBTEDNESS	SOURCE/AMT.

**Know When to Stop Before You Start**  
**1-800-522-4700**

**PATRON'S SIGNATURE**

