

CCID # \_\_\_\_\_  
 Host/Junket Rep \_\_\_\_\_  
 Arrival Date \_\_\_\_\_  
 CODE: HCOM



WINET # \_\_\_\_\_  
 UBC# \_\_\_\_\_  
 App. Date \_\_\_\_\_  
 Mail In \_\_\_\_\_ Walk In \_\_\_\_\_ Phone In \_\_\_\_\_

**APPLICATION FOR CASINO CREDIT**

|                           |  |                          |                  |                               |                                   |                                |                                 |         |      |
|---------------------------|--|--------------------------|------------------|-------------------------------|-----------------------------------|--------------------------------|---------------------------------|---------|------|
| Name: Last                |  | First                    | Middle           | Bank #1                       |                                   | ABA#                           |                                 |         |      |
| AKA                       |  | Cell Phone #             |                  | Street Address                |                                   | Personal Acc. #                |                                 |         |      |
| Residence Street Address  |  |                          | Home Phone #     |                               | City, State, Zip                  |                                | Business Acc. #                 |         |      |
| City                      |  | State                    |                  | Zip Code                      |                                   | Branch                         | Bank Officer                    | Phone # |      |
| Date of Birth             |  | Social Security #        |                  | Bank #2                       |                                   | ABA#                           |                                 |         |      |
| Place of Employment       |  |                          |                  | Street Address                |                                   | Personal Acc. #                |                                 |         |      |
| Position                  |  | Type of Business         | # of Years       |                               | City, State, Zip                  |                                | Business Acc. #                 |         |      |
| Business Street Address   |  |                          | Business Phone # |                               | Branch                            |                                | Bank Officer                    | Phone # |      |
| City                      |  | State                    |                  | Zip Code                      |                                   |                                |                                 |         |      |
| E-mail Address            |  |                          |                  | Driver's License #            |                                   |                                |                                 |         |      |
| Preferred Mailing Address |  |                          |                  | Home <input type="checkbox"/> | Business <input type="checkbox"/> | Other <input type="checkbox"/> |                                 |         |      |
|                           |  | State                    |                  | Exp. Date                     |                                   | Male <input type="checkbox"/>  | Female <input type="checkbox"/> |         |      |
| Amount Requested          |  | Credit                   |                  | Front Money                   |                                   | ID Verified By                 |                                 | Date    | Time |
| \$                        |  | <input type="checkbox"/> |                  | <input type="checkbox"/>      |                                   |                                |                                 |         |      |

Before drawing on my line of credit, if granted, I agree to sign credit instruments (i.e. checks) in the amount of each draw. I authorize Horseshoe Casino - Bossier City 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 and account 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 provide the information on the account to Horseshoe Casino - Bossier City. I also authorize Horseshoe Casino Bossier to deposit outstanding credit instruments to said bank or financial institution.

I authorize Horseshoe Casino - Bossier City to investigate and verify my bank or financial institution information. Therefore, I authorize my bank or financial institution to release information including, but not limited to, the current and average balance of my accounts; the open date of the accounts and any information deemed relevant to my credit worthiness.

I authorize Horseshoe Casino - Bossier City to investigate my credit report and to furnish information concerning such credit reports to credit reporting agencies and other who may properly receive this information. I authorize Horseshoe Casino - Bossier City to conduct such investigations pertaining to the above information as it deems necessary for the approval of my credit limit.

I agree that each draw against my credit line is a separate advance of money by Horseshoe Casino - Bossier City. 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 certify that I have reviewed all of the information provided above and that it is true and accurate and I may be subject to civil or criminal liability if any material information provided by me is willingly false. I am aware that this application is required by the Gaming Regulations regulated by the Louisiana State Police Gaming Division

I hereby authorize Horseshoe Casino - Bossier City, in its sole discretion, to apply any and all chips I may redeem first to the reduction of any outstanding debt, 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 lie solely in that State. I agree that Horseshoe Casino - Bossier City may litigate any dispute 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 of Federal, in Louisiana. I agree to pay all costs awarded by said Court, including interest at the rate of 18% per annum.

I further represent that I have not been excluded from any gaming operation, nor have any of my privileges at any gaming operation been restricted, either voluntary or by action of law. I also certify that I am at least 21 years of age.

X \_\_\_\_\_  
 Patron's Signature (as know by your bank or financial institution and as it will appear on your credit instruments) \_\_\_\_\_ Date \_\_\_\_\_