

Casino Credit Application

CAESAR	S		Approver:
ENTERTAINMEN			Employee #:
Harrah's Las			Total Rewards Number:
Arrival Date:	Dat	e:	Bank Account Information:
Applicant Info			Bank:
Last Name:	First:	MI	ABA#:
SSN (Non-U.S. TIN):	Date of	Birth:	Account #:
2	O-II Dhanna East		Bank Address:
Primary Phone:	Cell Phone: Fax:		Country: City:
Country: Residence	ce Address:		ST: Zip:
	Ot to Deside	7:	Phone#: Personal: Business:
City:	State/Province:	Zip:	Bank:
HT: EYES:	SEX: ID Type: Issued	by:	ABA#:
in			Account #:
WT: HAIR:	ID Number:	Exp Date:	Bank Address:
Amount of Indebtedne	ess:		Country: City:
			ST: Zip:
Employment:			Phone#: Personal: Business:
Employed by:			Statements To: Home: Business: No Statements:
Position:	Type of Business:	No Yrs:	Deposit on Departure:
Duein and Address:	Tel:		Notification Preference:
Business Address:	161.		E-Mail Address:
City:	State/Province:	Zip:	Annual Income: Source of Income:
			AMOUNT REQUESTED:
Before drawing on my cre	edit line, if granted, I agree to sign negoti	able instruments (i.e. chec	ks) in the amount of the draw.
authorize Caesars Oper	ating Company, Inc. its subsidiaries, affil (3) a date (4) the name, account number	iates and agents (CAESA) er, and/or address and bra	RS) to complete any of the following missing items on these instruments: (1) the name of the payee inch of any bank or financial institution, and (5) any electronic encoding of the above items. This it to withdraw funds, regardless of whether that account now exists, or whether I provided the
information on the accour	nt to Harrah's Las Vegas.	e of money by Harrah's I	as Vegas. If I receive the advance before I execute a credit instrument. I promptly will sign a credit
instrument in the amount others who may properly	of the advance. I authorize Harrah's Las	Vegas to investigate my o	redit report and to furnish information concerning such credit records to credit reporting agencies a
I certify that I have review	ved all of the information provided above	nit I contify that I am 21 ve	urate. I authorize Harrah's Las Vegas to conduct such investigations pertaining to the above lars of age or older.
I am aware that this applic	estion is required to be prepared by the l	Javada State Gaming Cor	ntrol Board regulations of the State of Nevada, and I may be subject to civil or criminal liability if any in its sole discretion to apply any and all chips, cash, or cash equivalent I may redeem first to the
and the state of any and about	line and it halands with the completer if	any to be returned to me	d and interpreted pursuant to the laws of the State of Nevada and shall lie solely in that state. I agree
that Harrah's Las Vegas r	may litigate any dispute involving the cre	dit line, the debt or the pay	yee in any court, state or federal, in Nevada. I submit to the jurisdiction of any court, state or federal
annum plus all expenses	and attorney's fees incurred by Harrah's	Las Vegas in collection of	rent of a collection action, I agree to pay prejudgment and post-judgment interest at a rate of 18% pi fitems owed. I further represent that I have not been excluded from any gaming operation, nor have
any of my provileges at an	ny gaming operations been restricted, eit	ner voluntanly or by action	t is identical to a personal check and may be deposited in or
presented for pay	vment to a bank or other fin	ancial institution	on which the credit instrument is drawn. Willfully drawing or passin
a credit instrume	nt with the intent to defraud	, including knowir	ng that there are insufficient funds in an account upon which it may
		which may result	in criminal prosecution in addition to civil proceedings to collect the
outstanding debt Must be 21 or	: older to gamble. Know When	To Stop Before You	Start! 1-800-522-4700 Signature Witnessed and ID Verified
CZD ENT. Visa 4.0		A = - 11 = 41	Emp Number:
CZR ENT - Ver 1.0		Applicant's	s Signature and Date



ENTERPRISE SHARED SERVICES CASINO CREDIT

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	he Privacy Act, many banks require authorization.
Name:(Printed name of the customer as listed wi	ith the bank Each applicant must complete / authorize a separate form.)
I am requesting check-cashing privileges	s with
. 0 0. 0	(Name of establishment)
I authorize(Name of my bank)	to release information on my account #
Γο the <u>above establishment</u> or its agen	t. This account is my: () Personal () Business
	() Checking () Savings
Signature (Authorized signer for the above	
I also authorize the above mentioned bar checking account, if applicable. I understan above to Caesar's Entertainment or its ager	ink to deduct fees in the amount of \$ from my above ment nd this is a fee charged by my bank to provide a rating on said account
I also authorize the above mentioned bar checking account, if applicable. I understan above to Caesar's Entertainment or its ager	ink to deduct fees in the amount of \$ from my above mention this is a fee charged by my bank to provide a rating on said account ont (National Cred-A-Chek, Inc).
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I also authorize the above mentioned bar checking account, if applicable. I understant above to Caesar's Entertainment or its agent The information to be released: Date the account was opened:	Ink to deduct fees in the amount of \$ from my above mention this is a fee charged by my bank to provide a rating on said account int (National Cred-A-Chek, Inc). Nominal Low Moderate Medium High

PROPERTY

Our response is commensurate with the purpose and amount of your inquiry. This information is confidential and intended for use solely by the requesting party and in reliance on your statement of intended purpose or use. This information is furnished as a matter of courtesy without a duty to do so and without responsibility, liability or warranty expressed or implied, on the part of the bank to you or any third party. Information is obtained from electronic data sources, which may not contain all information in our possession. Information is not guaranteed to be accurate and may be a matter of opinion. We do not accept any responsibility for errors or omissions. The information is constantly changing and therefore subject to change without notice. The bank will not update this response unless another written inquiry is received. This information applies to the name of the subject of the inquiry as styled in your request and does not include any indirect or related accounts or obligations, unless expressly specified in our response. The bank encourages you to contact more than one credit reference prior to making any credit decision. If you received this response by FAX, the information contained in this message is method only for the confidential use of the designated recipient named above. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution or copying of this message is strictly prohibited. It you have received this communication in error, please notify us immediately by telephone and return the message to us by mail.

^{*} Requests for information regarding consumer loan accounts should be obtained through a credit-reporting agency