

Casino Credit Application

CAESARS	S		Approver:	
ENTERTAINMEN			Employee #: _	
Paris Las Ve	egas		Total Rewards	Number:
Arrival Date:		Date:	Bank Account	Information:
Applicant Info	rmation:		· · · · · · · · · · · · · · · · · · ·	
Last Name:	First:	MI		
			ABA#:	····
SSN (Non-U.S. TIN):		Date of Birth:	Account #:	
Primary Phone:	Cell Phone:	Fax:	Bank Address:	
Primary Priorie.	Cell Filone.	FGA.		
Country: Residence	e Address:		ST: Zip:	
			Phone#:	Personal: Business:
City:	State/Province	e: Zip:		
UT. EVEC.	CEV. ID Time!	issued by:		
HT: EYES:	SEX: ID Type:	issued by.	ABA#:	
WT: HAIR:	ID Number:	Exp Date:	Account #:	
lbs	· <u>·</u>		Bank Address:	
Amount of Indebtedne	ss:		Country: City:	
			ST: Zip:	
Employed by:			Phone#:	Personal: Business:
Employed by.			Statements To: Hor	ne: Business: No Statements:
Position:	Type of Business:	No Yrs:	De	posit on Departure:
Business Address:	Т	el:	Notification Prefere	ence:
Dusiness Address.	•	J.,	E-Mail Address:	
City:	State/Province	e: Zip:	Annual Income: Source of Income:	
			AMOUNT REQUESTE	ED:
(a) any missing amounts, information can be for any information can be for any information on the account agree that each draw aginstrument in the amount others who may properly recurbing that I have reviewed as it deems necessary for am aware that this application that Paris Las Vegas may the State of Nevada, as we annum plus all expenses of my privileges at any gar Warning: For the presented for pay a credit instrumer be drawn, is a crii outstanding debt.	ating Company, Inc. its subsidial (3) a date, (4) the name, accour account from which I now have to Pans Las Vegas amst my credit line is a separar of the advance. I authorize Par eceive this information provide the approval of my credit limit, action is required to be prepareded by me is willfully false. I heng credit balance, with the rem and all credit issued pursuan litigate any dispute involving it ell as the jurisdiction of any other and attorney's fees incurred by ming operations been restricted purposes of Nevada ment to a bank or of the with the intent to did me in the State of New I account of the state of the s	anes, affiliates and agents (CAU) unt number, and/or address an er or may in the future have the te advance of money by Paris Its Las Vegas to investigate my ed above and that it is true and I certify that I am 21 years of db yth the Nevada State Garning preby authorize Paris Las Vega nainder, if any, to be returned it thereto will be governed, con the credit line, the debt or the prer court where I reside. In the Paris Las Vegas in collection of the debt of the pressure out where I reside. In the Paris Las Vegas in collection of the credit line, the debt or the prescount where I reside. In the Paris Las Vegas in collection of the production of the pro	d branch of any bank or financial institution, a right to withdraw funds, regardless of wheth Las Vegas. If I receive the advance before I ecredit report and to furnish information concernation and the control of the	sing items on these instruments: (1) the name of the payee, and (5) any electronic encoding of the above items. This er that account now exists, or whether I provided the execute a credit instrument, I promptly will sign a credit reming such credit records to credit reporting agencies and iduct such investigations pertaining to the above information avada, and I may be subject to civil or criminal liability if any ps, cash, or cash equivalent I may redeem first to the the State of Nevada and shall lie solely in that state. I agree I submit to the jurisdiction of any court, state or federal, in ejudgment and post-judgment interest at a rate of 18% per not been excluded from any gaming operation, nor have any check and may be deposited in or eent is drawn. Willfully drawing or passing t funds in an account upon which it may addition to civil proceedings to collect the
CZR ENT - Ver 1.0		Applica	nt's Signature and Date	Emp Number:



ENTERPRISE SHARED SERVICES CASINO CREDIT

TR#

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	with
	(Name of establishment)
I authorize(Name of my bank)	to release information on my account #
To the <u>above establishment</u> or its agen	t. This account is my: () Personal () Business
	() Checking () Savings
Signature (Authorized signer for the above	Paccount) Dated
-	
I also authorize the above mentioned barchecking account, if applicable, I understan	nk to deduct fees in the amount of \$ from my above men
checking account, if applicable. I understandabove to Caesar's Entertainment or its age	nk to deduct fees in the amount of \$ from my above mend this is a fee charged by my bank to provide a rating on said account (National Cred-A-Chek, Inc).
checking account, if applicable. I understandabove to Caesar's Entertainment or its age	nk to deduct fees in the amount of \$ from my above mend this is a fee charged by my bank to provide a rating on said accoun
checking account, if applicable. I understan above to Caesar's Entertainment or its age	nk to deduct fees in the amount of \$ from my above mend this is a fee charged by my bank to provide a rating on said account (National Cred-A-Chek, Inc).
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checking account, if applicable. I understant above to Caesar's Entertainment or its agent in the information to be released: Date the account was opened:	nk to deduct fees in the amount of \$ from my above mend this is a fee charged by my bank to provide a rating on said account (National Cred-A-Chek, Inc).
checking account, if applicable. I understant above to Caesar's Entertainment or its agent in the information to be released: Date the account was opened:	nk to deduct fees in the amount of \$ from my above mend this is a fee charged by my bank to provide a rating on said account (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 coursey 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 intended 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