



## **CREDIT APPLICATION**

Attention: Casino Credit Department • P.O. Box 760, Las Vegas, NV 89101 • Fax: 702-386-2219

Marketing Rep:					
Property:		Limit Requested:			
Name:	Residence Phone:				
Residence Address:					
City:				:	
Alt. Mailing Address:					
City:	State:	_ Zip:	Country	:	
Name of Employer:	Business Phone:				
Address of Employer:					
City:	State:	_ Zip:	Country	:	
Type of Business:		Positic	n with Employer:		
Driver's License Number:	Social Security Number:				
Date of Birth:					
Expected Arrival Date:	Mail To Home: _		Office:	Alternate:	
BANK ACCOUNT INFORMATION (	Checking Accounts Only)				
Primary Bank (1) Name		ABA#			
Street Address:					
City:				:	
Personal Account Number:		Business Account Number:			
Name on Business Account:	Bank Contact & Position:				
Secondary Bank (2) Name, Branch	n, & ABA #:				
Street Address:					
City:		_ Zip:	Country	:	
Personal Account Number:	Business Account Number:				
Name on Business Account:	Bank Contact & Position:				
Signature As On Checks:					
Credit at Other Casinos (List):					
I give PlayLV, it's subsidiaries and represhistory, and exchange information with is identical to a personal check and moinstrument is drawn. Willfully drawing on an account upon which it may be deproceedings to collect the outstanding	n others about my credit wir ny be deposited in or preser or passing a credit instrume rawn, is a crime in the Sta	th PlayLV. "\ nted for pay int with inten	Narning: For the purposes ment to a bank or other fir It to defraud, including kno	s of Nevada Law, a credit instrumen nancial institution on which the credi owing that there are insufficient funds	
Signature:	Date:				