## Account#

## \_ Zar



## **CREDIT APPLICATION**

Cashier#\_\_\_\_\_ Date \_\_\_\_\_

| Name   | . The state of the |  |
|--|--|--|
| Last   First   M   |  |  |
| City   | State Zip  |  |
| Mail to: ☐ Residence ☐ Business ☐ None   |  |  |
| Date of Birth SS#  | Email  |  |
| Home phone #   | Mobile #   |  |
| DL# State  | Expiration Date  |  |
| TO BE COMPLETED <u>IF SPOUSE DESIRES CREDIT</u>  |  |  |
| Spouse's Name  | Date of Birth  |  |
| DL# State Expiration   | DateSS#  |  |
| Employment/Address   |  |  |
| Occupation/Title   |  |  |
| Bank Name  |  |  |
| Routing#   | Routing#   |  |
| Account#   | Account#   |  |
| Type of Account  | Type of Account  |  |
| Contact Officer Phone #  | Contact Officer Phone #  |  |
| By signing this application for credit, you authorize Atlantis Casino Resort Spa and its representatives to obtain, verify and store credit and employment information from any source, including any information pertaining to your personal and business accounts in accordance with applicable laws. You agree not to hold any of these entities responsible or liable for the information released. You agree that Atlantis Casino Resort Spa may retain and use the information on this application and any information it receives based on your authorization whether or not you are granted credit signing privileges. As a condition to being granted credit signing privileges, you agree to sign credit instruments, aka markers or checks in the form presented to you by Atlantis Casino Resort Spa, in the amount of the funds issued to you (e.g. chips, cash, TITO vouchers, etc.). You agree that upon approval of any credit, that your credit line is for gaming purposes only and all credit extended is for use solely at Atlantis Casino Resort Spa. You authorize Atlantis Casino Resort Spa to complete any of the following missing information on these credit instruments: (1) the name of the payee; (2) missing amounts; (3) dates; (4) the name, account number, and/or branch and address of the applicable bank or financial institution; and (5) any electronic encoding. This information can be for any account from which you now have or may in the future have the right to withdraw funds, regardless of whether that account now exists, or whether you provided the information on the account.  You certify that you have the ability and intent to legally pay the full amount of funds represented by the credit instruments signed by you and given to Atlantis Casino Resort Spa. You hereby authorize Atlantis Casino Resort Spa, in its sole discretion, to apply any chips, slots winnings, or other cash or cash equivalents that you may earn, redeem or receive (1) first to the reduction of any outstanding credit balance, and (2) with the remainder, if any, to be re |  |  |
| which may result in criminal prosecution in addition to civil proceedings to collect the outstanding debt. You certify that all information contained herein is true and accurate and if any information changes you will timely notify Atlantis Casino Resort Spa.  |  |  |
| Maximum Limit Requested  |  |  |
| Applicant's Signature  | Spouse's Signature   |  |

## FOR OFFICE USE ONLY

| Bank report            |             |
|------------------------|-------------|
| Average balance        |             |
| Current balance        |             |
| Open                   |             |
| Comments               |             |
| Casino credit agency   |             |
| First established date |             |
| Number of clubs        |             |
| Comments T/U score     |             |
|                        |             |
|                        |             |
|                        |             |
|                        |             |
|                        |             |
|                        |             |
|                        |             |
|                        |             |
| Limit approved         | Approved by |
|                        | Date        |