



Date: \_\_\_\_\_

# Casino Credit Application

Please print all information and fax to 702-794-3383. Include copies of your checks which indicate your active checking accounts.

**Arrival Date:** \_\_\_\_\_

**Total Rewards Number:** \_\_\_\_\_

**Applicant Information:**

Last Name:	First:	MI
SSN (TIN):	Date of Birth:	
Primary Phone:	Cell Phone:	Fax:
Residence Address:		
City:	State/Province:	Zip:
HT: ft	EYES: in	SEX:      ID Type:      Issued by:
WT: lbs	HAIR:	ID Number:      Exp Date:

**Bank Account Information (Checking Only):**

Bank: _____
ABA# : _____ Account #: _____
Bank Address: _____
City: _____ ST: _____ Zip: _____
Phone: _____ Personal: <input type="checkbox"/> Business <input type="checkbox"/>
Bank: _____
ABA# : _____ Account #: _____
Bank Address: _____
City: _____ ST: _____ Zip: _____
Phone: _____ Personal: <input type="checkbox"/> Business <input type="checkbox"/>
<b>E-mail Address:</b> _____
<b>Annual Income:</b> _____
<b>Total Indebtedness:</b> _____
<b>AMOUNT REQUESTED:</b> _____

**Employment:**

Employed by:		
Position:	Type of Business:	No. Yrs:
Business Address:		Bus Phone:
City:	State/Province:	Zip:

I authorize Caesars Operating Company, Inc. its subsidiaries, affiliates and agents (CAESARS) to complete any of the following missing items on these 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 any 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 provided the information on the account to Harrah's Cherokee, reference in this text hereafter as Harrah's Cherokee.

I agree that each draw against my credit line is a separate advance of money by Harrah's Cherokee. Before drawing on my check cashing line, if granted, I agree to sign negotiable instruments (i.e. checks) in the amount of the draw. 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 hereby authorize Harrah's Cherokee in its sole discretion to apply any and all chips I may redeem first to the reduction of any outstanding credit balance, with the remainder, if any, to be returned to me. I certify that I am 21 years of age or older.

I certify that I have read and understand this application and its terms and I execute this document voluntarily and with full knowledge of its significance. I authorize Harrah's Cherokee to conduct any investigations necessary for the approval of my credit limit. I am aware that this application is required by the regulations of North Carolina I understand that a Counter Check issued by Harrah's Cherokee is identical to a personal check and may be deposited in or presented for payment to my bank or other financial institution. I acknowledge that willfully drawing or passing a credit instrument with the intent to defraud, including knowing there are insufficient funds in my account, is a crime in this State that may result in criminal prosecution. I am also aware that providing false or misleading statements or omitting information on this application may subject me to civil or criminal penalties.

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 North Carolina as modified by the Eastern Band of Cherokee Indians. The jurisdiction of any disputes shall be in the court of the Eastern Band of Cherokee Indians. This application and all credit issued pursuant thereto shall be subject to, and construed according to tribal law, including, without limitation, the Compact, Tribal Gaming Ordinance adopted pursuant to IGRA, and any rules and regulations governing gaming establishments adopted by the Eastern Band of Cherokee Indians Tribal Gaming Commission. In the event of a collection action, I agree to pay prejudgment and post-judgment interest at a rate of 18% per annum plus all expenses and attorney's fees incurred by Harrah's Cherokee in collection of items owed. I further represent that I have not been excluded from any gaming operation, nor have any of my privileges at any gaming operations been restricted, either voluntarily or by action of law.

**Know When To Stop Before You Start! 1-800-589-9966**

**Applicant's Signature and Date**

**Signature Witnessed and ID Verified By**

\_\_\_\_\_  
Emp Number: \_\_\_\_\_



# ENTERPRISE SHARED SERVICES CASINO CREDIT

Property \_\_\_\_\_ TR# \_\_\_\_\_

## Bank Authorization Form

**Due to the Privacy Act, many financial institutions require written authorization to release account information.**

By completing this form, I authorize the release to Caesars Entertainment, and its trusted agent (National Cred-A-Chek, Inc.), information concerning my personal and/or business financial accounts. It is my understanding that any information released will be held in the strictest confidence and will be used for credit purpose only. A photo static copy of the authorization will be considered as effective and valid as the original.

**Name:** \_\_\_\_\_  
*(Printed name of the customer as listed with the financial institution. Each applicant must complete / authorize a separate form.)*

**I am requesting check-cashing privileges with** \_\_\_\_\_  
*(Caesars Entertainment owned property)*

**I authorize** \_\_\_\_\_ **to release information on my account #** \_\_\_\_\_  
*(Name of my financial institution)*

**to Caesars Entertainment or its agent. This account is my:** ( ) Personal ( ) Business  
( ) Checking ( ) Savings

\_\_\_\_\_  
**Signature** *(Authorized signer for the above account)*

\_\_\_\_\_  
**Dated**

**Initial** \_\_\_\_\_ **I also authorize the above mentioned financial institution to deduct fees if required from my above mentioned account. I understand this is a fee charged by my financial institution to provide information on said account listed above to Caesars Entertainment or its agent.**

**The information to be released:**

**Date the account was opened:** \_\_\_\_\_

**Average Collected Balance:** \$ \_\_\_\_\_ ( \_\_\_\_\_ Month)

**Current Balance:** \$ \_\_\_\_\_

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 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. If you have received this communication in error, please notify us immediately by telephone and return the message to us by mail.