

	"An Employee Ov	vned Family Business"	
	PERSONAL INFO	RMATION (PLEASE PRINT)	
First Name		Name	Player ID #
()	()		
Home Phone Residence Address Social Security Number	Secondary Phone City D.O.B	Email Address State Zipcode Driver's License / ID or Pass	Own Years Sport # Date
	EMPLOYMENT INF	ORMATION (PLEASE PRINT)	
Firm Name Street Address	Type of Business City	State Zipcode	Business Phone Current Retired Years
Street Address		OIT LIMIT	Teats
APPLICANT AGREES THAT THE	CREDIT LIMIT IS ONLY TO BE USE ASINO RESORT'S PAYMENT POLI	Authorized Credit Signature OTS MARKERS CHECK CASHINED FOR GAMING PURPOSES AND MUCIES. RMATION (PLEASE PRINT)	Date NG IST BE PAID BACK IN
Bank #1 Name	Branch #	Bank #1 Name	Branch #
Bank Address		Bank Address	
City	State Postal Zip	City	State Postal Zip
Routing #	Account #	Routing #	Account #
Contact Name	Phone Number	Contact Name	Phone Number
My signature below is authorization for my financi Credit Reporting Act. This authorization applies to are made with the appropriate Eureka Casino Rescyou have furnished is preserved except when disc. I give Eureka Casino Resort permission to obtain i Casino Resort responsible for any information re electronically. In the ordinary course of business,	al institution to provide Eureka Casino Resort with re my business and personal accounts. Markers not part management personnel prior to the payment due of closure of this information is required by applicable landormation regarding my accounts with the bank(s) likeased in the ordinary course of business. In the evyour check will not be provided to you with your ban	equested information pertaining to my checking accounts, aid within fourteen (14) days of the issue date are subject to late. Fees may be assessed for returned checks or third parts.	in accordance to the provisions of the Federal Fair to deposit unless alternative payment arrangements try collections. The confidentiality of the information d credit bureau. I will not hold these firms or Eureka uncollected funds, we may re-present your check ur financial institution.
	th the intent to defraud, including knowing that there	are insufficient funds in an account upon which it may be	

Applicant's Printed Name Applicant's Signature Date

Upon approval, your line of credit is for gaming purposes only (excludes Race & Sports/Poker/Ancillary Games) and all credit extended is for use solely at Eureka Casino Resort. I hereby authorize Eureka Casino Resort, in its sole discretion, to apply any and all chips, slot winnings, or other cash or cash equivalents that I may have earned, redeemed, or received while at Eureka Casino Resort: (1) first to the reduction of any outstanding credit balance, and (2) with the remainder, if any, to be returned to me. Reward points may be withheld until any returned checks are paid in full.