



MAX CREDIT REQUEST \$

Player Card No. \_\_\_\_\_

Reference \_\_\_\_\_

Name Last First M.I. \_\_\_\_\_

Date Requested \_\_\_\_\_

Res. Address \_\_\_\_\_

Time \_\_\_\_\_

City State Zip Code Employment Firm Name Type of Business Position with Firm

Bus. Address \_\_\_\_\_

City State Zip Code

Send Mail To: Home Business None

Home Tel # Business Tel # E-Mail

Soc. Sec. # D.O.B. / /

Street Address City State Zip

Bank #1 ABA # Personal A/C

Street Address City State Zip

Bank #2 (ref only)

At the Seminole Casino and/or Seminole Hard Rock Hotel & Casino (hereinafter the "Casino"), we value our customers and take pride in providing them with the most exciting entertainment services available in the gaming industry today.

I certify that I am 21 years of age or older. I understand that persons under the age of 21 are not permitted to gamble. Accordingly, I must be 21 years of age or older to apply for credit at the Casino.

I represent and warrant that I am applying for credit from the Casino for my own personal gaming purposes and that any credit extended to me by the Casino will be used only by me and only for that purpose.

I authorize the Casino to investigate my record and to conduct such other investigations as it deems necessary, and to furnish information concerning my credit record to credit reporting agencies and others who may properly receive this information.

I agree that Florida law applies to this application and to any credit extended and/or checks cashed by the Casino for me. I specifically agree that Fla. Stat. section 68.065 applies in determining the Casino's remedies in connection with any bad check I may give to the Casino for any reason.

I certify all of the information on this application is true and accurate. I am aware that I may be subject to civil or criminal liability if any material information provided by me is willfully false.

Date of Birth Sex M F

Drivers Lic. #

State Description Y N Photo Y N

Table with 4 columns: Credit Card, Account Number, Date Est., Date Expire

APPLICATION SIGNATURE VERIFICATION Date Time am / pm

Name: Lic. No:

CRT SIGNATURE VERIFICATION Date Time am / pm

Name: Lic. No:

Under penalties of perjury, I certify that: The number shown on this form is my correct taxpayer identification number.

Please Sign within the Box Below

OFFICE USE

**Authorized Credit Limit**

DATE	TIME	APPROVED LINE	APPROVED TIO	DEPOSIT DELAY DAYS	CREDIT APPROVED BY SIGNATURE AND LIC #	CREDIT APPROVED BY SIGNATURE AND LIC #	CREDIT APPROVED BY SIGNATURE AND LIC #
	AM/PM				(1)	(2)	(3)
EXPLANATION/COMMENTS							
	AM/PM				(1)	(2)	(3)
EXPLANATION/COMMENTS							
	AM/PM				(1)	(2)	(3)
EXPLANATION/COMMENTS							
	AM/PM				(1)	(2)	(3)
EXPLANATION/COMMENTS							
	AM/PM				(1)	(2)	(3)
EXPLANATION/COMMENTS							

Bank _____ Name _____ date time sign Lic No	Type & No. _____ Op Date _____ Avg Bal _____ Cur Bal _____ CSA Yes/No/NA	Name _____
Sent _____	_____	Title _____
Rec'd _____	Comments: _____	Source NCC - D/C - LTR
Bank _____ Name _____ date time sign Lic No	Type & No. _____ Op Date _____ Avg Bal _____ Cur Bal _____ CSA Yes/No/NA	Name _____
Sent _____	_____	Title _____
Rec'd _____	Comments: _____	Source NCC - D/C - LTR

**CENTRAL CREDIT INFORMATION**

Casino Hotel	Credit Limit	Date Est.	HIGH ACTION		LAST ACTION		PRESENT BALANCE	DATE	TIME	SIGNATURE	LICENSE NO.
			DATE	AMOUNT	DATE	AMOUNT					
addl comments											
addl comments											
addl comments											
addl comments											
addl comments											

**Credit Bureau Report/Address Verification**

	DATE	TIME	SIGNATURE	LICENSE	Bureau/Rating
Sent					
Rec'd					
Exec					OK - FAIR - NEG - N/R
Add/V					CB - LETTER - PH - BK