



CREDIT APPLICATION

Please fill out completely and mail to:

Attention: Patricia Boggs
600 E. Fremont Street
P.O. Box 680
Las Vegas, NV 89125-0680

CUSTOMER INFORMATION

Name _____ Residence Phone _____

Social Security Number _____ Date of Birth _____ Driver's License Number _____

Address _____

City _____ State _____ Zip _____

Name of Employer _____ Business Phone _____

Type of Business _____ Position with Employer _____

Address of Employer _____

City _____ State _____ Zip _____

Expected Arrival Date _____ Mail To (select one): Home _____ Office _____ Alternate _____

Alternate Mailing Address _____

BANK ACCOUNT INFORMATION

Primary Bank Name _____ Branch and ABA# _____

Address _____

City _____ State _____ Zip _____

Personal Account Number _____ Business Account Number _____

Name on Business Account _____

Bank Contact and Position _____

Signature as on Checks _____

I give El Cortez Hotel and Casino, and representatives, permission to obtain and verify credit information with any source, obtain credit, and employment history. I agree that the El Cortez Hotel and Casino will retain this information whether or not it approves the credit line. This application is solely the property of the El Cortez Hotel and Casino.

Signature _____ Date _____

PATRON ACKNOWLEDGMENT FORM

WARNING: for the purposes under Nevada law, a credit instrument is identical to a personal check and may be deposited in or presented for payment to a bank or other financial institution on which the credit is drawn. Willfully drawing or passing a credit instrument with intent to defraud, including knowing that there are insufficient funds in an account upon which it may be drawn, is a crime in the State of Nevada which may result in criminal prosecution in addition to civil proceedings to collect the outstanding debt.

Patron Signature _____ Date _____

Cashier Signature/Employee ID# _____ Date _____



Bank _____ Date _____

Account Number _____

Name _____ SS # _____

To facilitate the approval of my checking cashing credit application with the El Cortez Hotel and Casino, I the undersigned (whether by photocopy or fax) AUTHORIZE the addressed bank to release all necessary information to the El Cortez Hotel and Casino regarding any and all of my accounts.

Signature _____ Date _____

FOR BANK USE ONLY

To Whom It May Concern:

One of your customers has applied for check cashing privileges and/or a line of credit with the El Cortez Hotel and Casino. Please fill in the requested information and return it as soon as possible in order to expedite the credit approval. All information we receive will be held in strict confidence.

Account No.	Per/Bus/Sav	Open Date	Average Balance	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How many months is average balance? _____ Is there a co-signer? _____

Authorized Signature _____ Bank Stamp _____