

CREDIT/**FRONT MONEY** APPLICATION



Players Card # _____

Last Name _____ First Name _____ Middle Init _____

Date of Birth _____ Social Security # _____

Driver's Lic # _____ Issuing State _____ Lic. Exp. Date _____

Residence Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Employer Name _____ Position _____

Employer Address _____

City _____ State _____ Zip _____

Bank Reference #1 Personal Business (Sole Proprietorship only)

Bank Name _____ Bank Branch _____

City _____ State _____

Account # _____ Routing (ABA) # _____

Bank Officer _____ Bank Phone # _____

Bank Reference #2 Personal Business (Sole Proprietorship only)

Bank Name _____ Bank Branch _____

City _____ State _____

Account # _____ Routing (ABA) # _____

Bank Officer _____ Bank Phone # _____

Credit Limit Requested _____

* A copy of your photo I.D. is required for us to process your credit application.*

By signing below, I give Pechanga Resort Casino and its officers, employees, agents and representatives authorization to obtain and verify my financial information periodically from any source and to exchange such information with others about my financial account experience with Pechanga Resort Casino. I agree not to hold any person or entity responsible or liable for its use of any such information. I provide on or in conjunction with any credit application or front money deposit and any information it receives based on my authorization, including but not limited to any information with regards to source of funds, whether or not I am granted credit. I further authorize Pechanga Resort Casino to obtain any records from my banks and financial institutions.

I agree that any credit granted to me may be suspended or revoked at any time and without notice by Pechanga Resort Casino and I hereby release Pechanga Resort Casino including its officers, employees, representatives and agents, from any and all claims, damages or losses that I may incur as a result of such credit being suspended or revoked.

Pechanga Resort Casino endorses responsible gambling. At your request, we will provide you with information on our self-exclusion program which will enable you to cancel or limit your access to credit or check cashing privileges. If you or anyone you know may have a problem gaming, please call 1 (800) GAMBLER (426-2537).

Acknowledgment _____ Date _____