

CREDIT APPLICATION

PERSONAL INFORMATION

First Name: _____

Credit Limit Requested: \$ _____

Middle Name: _____

Date of Birth: _____
MM/DD/YYYY

Last Name: _____

Phone #: () _____
Home Mobile
CIRCLE ONE

Address: _____

Years at Residence: _____

City: _____

Social Security #: _____

State: _____ Zip: _____

Drivers License #: _____

DL State: _____
Date ID Verified: / /
TO BE COMPLETED BY TUSCANY REPRESENTATIVE

Do you have credit lines at other Casinos? If so, please list below:

EMPLOYMENT INFORMATION

Business Name: _____

Type of Business: _____

Address: _____

Business Phone: _____

City: _____

Job Position: _____

State: _____ Zip: _____

Years Employed: _____

Retired: YES NO
CIRCLE ONE

BANK ACCOUNT INFORMATION

Personal Checking Accounts only. Business and Trust Accounts not permitted.

PRIMARY BANK

SECONDARY BANK (OPTIONAL)

Bank Name: _____

Bank Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

ABA/Routing #: _____

ABA/Routing #: _____

Checking Account #: _____

Checking Account #: _____

PLEASE READ AND SIGN BELOW

For the purposes of Nevada Law, a credit instrument is identical to a personal check and may be deposited to a bank or other financial institution on which the credit instrument is drawn. Willfully drawing or passing a credit instrument with the 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.

I agree to pay my markers in full before 30 days or they will be deposited to the checking account on file on the 31st after which they were drawn.

I declare that the information set forth in this application is true and correct to the best of my knowledge. I give Tuscany Suites & Casino, LLC or its representatives permission to obtain and verify credit information with any source (including banks listed or for any account from which I 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 the payee) to obtain credit, and/or employment history, and exchange information obtained to evaluate my application or status and to aid in the collections of my account. With respect to collection of my accounts, I (1) acknowledge that the debit shall be governed by Nevada Law; (2) agree that any dispute involving the debt may be brought only in State or Federal Court in Nevada, and (3) agree to pay all costs of collection, including the creditors attorney's fees and court costs, in addition to any amounts authorized by law.

Signature: _____

Date: _____