

Bank Information

Bank #1: _____ Address: _____ City, State, Zip: _____ ABA: _____ Acct No: _____ Type of Acct: _____ Opening Date _____ Average Balance _____ Status _____ Signature _____ Date Verified _____	Bank #2: _____ Address: _____ City, State, Zip: _____ ABA: _____ Acct No: _____ Type of Acct: _____ Opening Date _____ Average Balance _____ Status _____ Signature _____ Date Verified _____	Bank #3: _____ Address: _____ City, State, Zip: _____ ABA: _____ Acct No: _____ Type of Acct: _____ Opening Date _____ Average Balance _____ Status _____ Signature _____ Date Verified _____
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MARKER DEPOSIT POLICY	Amount Owed	Hold Period
The maximum number of days markers can be held before being deposited	\$ 0 - \$ 5,000 5,001 - 10,000 10,001 - 25,000 25,001 - Over	Payment upon departure 14 calendar days 30 calendar days 45 calendar days

SIGNATURE _____

Source Name/Acct # _____



ACCT. NO.

NAME _____ (LAST) (FIRST) (M.I.) (SPOUSE)

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

FIRM NAME _____ POSITION WITH FIRM _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ SEND MAIL TO: HOME BUSINESS NO MAIL:

HOME TEL. () _____ BUSINESS TEL. () _____ FAX # () _____ E MAIL _____

CREDIT REQUESTED
CREDIT GRANTED
AUTHORIZER
DATE

(PHOTO ID VISA/MC REQUIRED)

OFFICIAL USE ONLY	Date of Birth: _____ Sex: M <input type="checkbox"/> F <input type="checkbox"/>		IDENTIFICATION		
	Social Security No. _____				
	Drivers License No. _____				
	State _____ Exp. Date _____				
	CREDIT CARD INFORMATION			EST. DATE	EXP. DATE
	CREDIT CARD	ACCOUNT NUMBER			

Answers to the above questions have been made by me for the purpose of obtaining credit and I declare them to be true and correct. I give permission to Casino del Mar to obtain information regarding my bank accounts and to request information from any recognized credit bureau in order to provide evidence of my financial state. I will not hold these firms responsible for any information released.

In addition, I authorize Casino del Mar to collect any of my outstanding debts against any of my credit cards herein referred.

I ACKNOWLEDGE RECEIPT OF OPT OUT NOTICE AND POLICY OF CASINO DEL MAR.

Signature _____

SIGNATURE AS CHECKS WILL BE SIGNED

ALL COUNTER CHECKS PAYABLE IN U.S. FUNDS

VERIFIED BY: _____ DATE: _____