

**CREDIT/CHECK CASHING APPLICATION  
CUSTOMER INFORMATION**

Requested Credit Limit \_\_\_\_\_

Application for: Check one

Spa Resort Casino

Agua Caliente Casino • Resort • Spa

\_\_\_\_\_  
 Last Name                      First Name                      Middle Initial

\_\_\_\_\_  
 Residential Street Address

\_\_\_\_\_  
 City                      State                      Zip Code

\_\_\_\_\_  
 Residence Telephone                      Cell Phone

\_\_\_\_\_  
 E-mail Address

\_\_\_\_\_  
 Mail Correspondence to:    Home            Business            None

\_\_\_\_\_  
 Employment Information

\_\_\_\_\_  
 Name of Business                      Type of Business

\_\_\_\_\_  
 Position                      Years in Business

\_\_\_\_\_  
 Business Address

\_\_\_\_\_  
 City, State                      Zip Code

\_\_\_\_\_  
 Business Telephone

By signing below, I give Agua Caliente Casino • Resort • Spa and Spa Resort Casino representatives permission to obtain and verify credit, employment, banking and credit bureau information from any source and exchange information with others in order to process this application.

“Notice: For the purposes of California 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 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 California which may result in criminal prosecution in addition to civil proceedings to collect the outstanding debt.”

I agree that the information set forth above is true and accurate to the best of my knowledge. I represent that I am 21 years of age or older.

\_\_\_\_\_  
 Paradise Rewards Card #

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Social Security #

\_\_\_\_\_  
 Driver’s License # and State (Copy Required)

\_\_\_\_\_  
 Banking Information (Check Copy Required)

\_\_\_\_\_  
 1. Bank Name/Branch

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City                      State                      Zip Code

\_\_\_\_\_  
 Bank Phone #/Contact Name

\_\_\_\_\_  
 Checking #                      ABA #

\_\_\_\_\_  
 2. Bank Name/Branch

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City, State                      Zip Code

\_\_\_\_\_  
 Bank Phone #/Contact Name

\_\_\_\_\_  
 Checking #                      ABA #

\_\_\_\_\_  
 Verified by Team Member (Signature and #)

\_\_\_\_\_  
 Date Verified

x \_\_\_\_\_  
 Applicant Signature                      Date

*We endorse responsible gaming. We will cancel or reduce your credit line upon your request. If you or anyone you know may have a problem gaming responsibly, please call 1-800-GAMBLER.*