RIVERS CASINO

CASINO CREDIT APPLICATION

Signature of employee receiving this application:	IGB License #

Patron Account Number:
(Assigned by the Casino)

PLEASE PRINT

TO BE COMPLETED BY APPLICANT

Requested Credit Limit: **$** _____

Personal Information

Last Name	First Name	M.I.
Residence Address		# of Years
City	State	Zip Code
Residence Phone	Business Phone	
Send Mail to ☐ Business ☐ Residence ☐ None ☐ Other		
Address (Other)		

Employment Information

Business Name		
Business Address		
City	State	Zip Code
Position		
Type of Business	# of Years	

Applicant-Personal Information

Driver's License Number		State	Expiration Date	
ID Number & Source (if no DLN)	Country			
Date of Birth		Social Security Number		
Weight	Height	Eye Color	Hair Color	
Glasses: ☐ Yes ☐ No		☐ Male	☐ Female	
Identifying Features:			☐ None	
Identity & Physical Description of Applicant Verified By:				
Signature	IGB License #		Date	

Credit Card Company	Expiration Date
Account #	/ /

Applicant-Banking Information

Bank #1	ABA # or Equivalent
Branch	Account #-Personal
Street Address	Account #-Sole Prop.
City, State, Zip	Phone Number
Bank Contact Name	Position

Bank #2	ABA # or Equivalent
Branch	Account #-Personal
Street Address	Account #-Sole Prop.
City, State, Zip	Phone Number
Bank Contact Name	Position

The format for the categories above is for reference only. All designated fields for Assets, Liabilities, Income and Prior Credit History must be maintained in the patron's credit file.

I authorize this casino to investigate my credit record and to furnish information concerning such credit record to credit reporting agencies. I certify that I have reviewed all of the information provided on this application and that it is true and accurate. I authorize this casino to conduct any investigations pertaining to this application as it deems necessary for the approval of my credit limit and to use such information as it deems necessary in connection with my request. I am aware this application is required to be prepared by the regulations of the Illinois Gaming Board and I may be subject to civil and criminal liability if any material information provided by me is knowingly false. I authorize this casino, as needed, to share this information with other gaming jurisdictions.

In the event of non-payment, I understand that in addition to the amount of the check or draft, I may be liable for a return fee as permitted by state law for all costs and expenses, including reasonable attorney's fees, incurred by the casino in collection of the outstanding amount, whichever is greater, plus statutorily permitted interest thereon.

_____ / /
Signature **Date**
(in presence of casino employee)

_____ / /
Signature of Co-Applicant **Date**
(if any, in presence of casino employee)