

**Complete sign and return to casino credit office 412-566-4604\4605 Office 412-566-4657 Fax**

Date Previously Approved by PGCB: August 05, 2011

Rivers Casino welcomes your application for credit privileges in the casino. Please complete all the fields listed below as the information is required to process your application. Upon arrival at the casino you will need to visit the Casino Credit Department and present photo identification in the form of a driver's license or passport, a voided or valid personal check (to verify your bank account number and routing information), and sign a signature card.

Personal Information		Credit Line Requested	
Last Name	First name	Middle Initial	
Residence Address (do not use PO Box)		City	
State	Zip Code	# of Years	
Residence Phone		Mobile\Other Phone	
Send mail to: (circle one)      Home      Business      Other      No Mail			
Date of Birth		Social Security #	

Employment Information		
Business Name	# of Years	
Business Address (do not use PO Box)		
City	State	Zip Code
Business Phone	Mobile\Other Phone	
Position	Type of Business	

<b>Casino Use Only</b> Players Card #
CC ID#

Income Information	
Yearly Income	All Indebtedness (Amount)
Sources of Income	

Bank Information
Bank #1 (do not abbreviate)
Telephone Number
Account Number
Routing Number

List the accounts that you would like us to use when depositing your markers. List only personal accounts that you are authorized to sign for. Do not use brokerage accounts, savings accounts or joint accounts that require more than your signature.

Branch Street Address	City	State
Zip Code		

Bank #2 (do not abbreviate)
Telephone Number
Account Number
Routing Number

Branch Street Address	City	State
Zip Code		



I certify that I have read and understand this application and its terms and I execute this document voluntarily and with full knowledge of its significance. I authorize Rivers Casino to conduct any investigations necessary for the approval of my credit limit **including the use of credit reports and bank inquiries**. I am aware that this application is required by the regulations of the Pennsylvania Gaming Control Board. I understand that a Counter Check issued by Rivers Casino is identical to a personal check and may be deposited in or presented for payment to my bank or other financial institution. I acknowledge that willfully drawing or passing a credit instrument with the intent to defraud, including knowing there are insufficient funds in my account, is a crime in the Commonwealth of Pennsylvania that may result in criminal prosecution. I am also aware that providing false or misleading statements or omitting information on this application may subject me to civil or criminal penalties.

**X** \_\_\_\_\_  
Signature Date Time

**Gambling Problem? Call 1-800-GAMBLER**