



CREDIT APPLICATION <input type="checkbox"/>	FRONT MONEY APPLICATION <input type="checkbox"/>
INDIANA LIVE! CASINO	

CUSTOMER ACCOUNT #				CCID #		REFERRED BY:			
CREDIT CLERK SIGNATURE:				LICENSE #		DATE:		TIME:	
NAME: FIRST		LAST		MIDDLE		MAIL TO BE SENT: CIRCLE ONE		ALTERNATE BUSINESS RESIDENCE NO MAIL	
ALIAS		MOTHERS MAIDEN NAME		APPLICATION RECEIVED: CIRCLE ONE		FAX		FAX WALK IN TELEPHONE MARKETING MAIL IN	
STREET ADDRESS OF RESIDENCE			RESIDENCE PHONE #			EMAIL ADDRESS:			
CITY		STATE	ZIP	#YEARS		PERSONAL IDENTIFICATION: CIRCLE			
CREDIT LIMIT REQUESTED		SOCIAL SECURITY #		DATE OF BIRTH		ID PRESENTED		PHYSICAL PHOTO NEITHER	
EMPLOYER NAME OF FIRM (NOTE IF RETIRED)		SOLE PROPRIETORSHIP:			CONTAINED		DESCRIPTION		
		YES NO			DRIVERS LICENSE #		STATE	EXPIRATION DATE	
TYPE OF BUSINESS			POSITION			PASSPORT #		COUNTRY	
EMPLOYMENT STREET ADDRESS			BUSINESS PHONE #			OTHER I.D. PRESENTED - TYPE: CIRCLE ONE		I.D. #	
CITY		STATE	ZIP	#YEARS		FEDERAL STATE MILITARY		SIGNATURE OF CREDIT CLERK/CREDIT MANAGER	
ALTERNATE STREET ADDRESS			CELL PHONE #			BADGE #			
CITY		STATE	ZIP	#YEARS		<p><i>I certify that I have reviewed all of the information provided and that it is true and accurate. I authorize Indiana Live! Casino to conduct such investigations pertaining to the above information as it deems necessary for the regulation of the Indiana Gaming Commission and I may be subject to civil or criminal liability if any material information provided by me is willfully false. I hereby authorize Indiana Live! Casino within its sole discretion, to apply any and all slot tickets or jackpot payments I may redeem first to the reduction of any outstanding credit balance, with the remainder, if any, to be returned to me. I hereby authorize Indiana Live! Casino to investigate my credit record and to furnish information concerning such credit record to credit reporting agencies and others who may properly receive this information.</i></p> <p style="text-align: center; font-weight: bold; font-size: 1.1em;">Gambling Problem? 1-800-994-8448</p>			
BANK #1			ABA #						
STREET ADDRESS									
CITY		STATE	ZIP	PERSONAL ACCOUNT #					
BANK #2			ABA #						
STREET ADDRESS									
CITY		STATE	ZIP	PERSONAL ACCOUNT #					
BANK #3			ABA #						
STREET ADDRESS									
CITY		STATE	ZIP	PERSONAL ACCOUNT #					
ACKNOWLEDGEMENT (SIGNATURE AS CHECK WILL BE SIGNED)									