

PLEASE PRINT OUT THE CASINO CREDIT APPLICATION
FAX COMPLETED APPLICATION TO: 1-718-261-7366
ATT: WORLDWIDE CASINO ENTERPRISE LTD

CASINO CREDIT APPLICATION

PREFERRED CASINO
HOTEL _____

LAST NAME _____ FIRST _____ MI _____

DATE OF BIRTH ____ / ____ / ____ EXPECTED ARRIVAL DATE: MM /DD/YY ____ / ____ / ____

SOCIAL SECURITY NUMBER _____ EMAIL ADDRESS: _____

HOME ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ HOME PHONE _____

BUSINESS NAME _____ TITLE _____

BUSINESS ADDRESS _____

BUSINESS STATE _____ ZIP _____ B/PHONE _____

MAIL AND CONTACT PREFERENCE HOME _____
BUSINESS _____

LIST ALL CASINOS WHERE YOU HAVE ESTABLISHED CREDIT _____

ESTABLISHED CREDIT LINE LIMITS _____

BANK INFORMATION

BANK (1) NAME _____ BANK ROUTING NO. _____

PERSONAL ACCOUNT NO. _____ BUSINESS ACCOUNT NO. _____

CONTACT NAME _____ BANK/PHONE _____

BRANCH ADDRESS _____

CITY _____ STATE _____ ZIP _____ E-MAIL _____

BANK (2) NAME _____ BANK ROUTING NO. _____

CONTACT NAME _____ BANK/PHONE _____

PERSONAL ACCOUNT NO. _____ BUSINESS ACCOUNT NO. _____

BRANCH ADDRESS _____

CITY _____ STATE _____ ZIP _____ E-MAIL _____

COMMENTS: _____
