

AREP Laughlin

Casino Credit and Check Cashing Application

When your application is complete, please return it in person, by mail in the postage paid return envelope, or for your convenience you may fax your application to 702-298-5052. If you have any questions please call us at 702-298-8303 or toll-free 888-528-4454. Upon arriving at AREP Laughlin, please come to the Casino Cage where we will review your application with you personally. The following items will be required at such time; a valid photo identification (must be a state issued driver's license or identification card, military identification or passport) along with an Ultimate Rewards Card and a voided blank check.

Arrival Date: _____

Credit Limit Requested: _____

Date: _____

(Minimum Credit Limit is \$100)

PERSONAL INFORMATION (Primary)						
Last Name		First Name		Middle Initial	Date of Birth	
Street Address			City	State	Zip	Years @ <input type="checkbox"/> Own <input type="checkbox"/> Rent
Identification Number	State Issued By	Expiration Date	Social Security Number		Phone-Residence	
E-Mail Address						
Alternate Address		City	State	Zip		
PERSONAL INFORMATION (Joint)						
Last Name		First Name		Middle Initial	Date of Birth	
Identification Number	State Issued By	Expiration Date	Social Security Number		Relationship to Primary	
BUSINESS INFORMATION						
Firm Name			Type of Business			
Position			Years @	Phone-Business		
Street Address of Firm		City	State	Zip		
BANK INFORMATION (Checking Accounts Only, Markers Are Deposited To Bank #1 Unless Noted Otherwise)						
Bank # 1: (Name and Branch)			Account Number		<input type="checkbox"/> Per. <input type="checkbox"/> Bus.	
Contact (Name & Phone Number):			ABA Number	Deposit Markers to this Account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip		
Bank # 2: (Name and Branch)			Account Number		<input type="checkbox"/> Per. <input type="checkbox"/> Bus.	
Contact (Name & Phone Number):			ABA Number	Deposit Markers to this Account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip		
Payment Agreement						
<p>Markers are for gaming purposes only. Guests without a verified loss are expected to pay markers on departure. Markers with verified loss & credit lines less than \$15,000 are deposited after thirty days. Markers with verified loss & credit lines \$15,000 or above are deposited after sixty days. Markers not used for gaming purposes may be deposited the following business day. Checks are for immediate deposit and may decrease available credit for up to 14 days. A fee of \$35 may be charged for each returned check.</p>						
<input checked="" type="checkbox"/> I Request That All Markers Be Deposited In 10 Days			OR	Request Statement Mailed to: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Alternate <input type="checkbox"/> No Statements		
<p>By signing below, I/we authorize AREP Laughlin to obtain information regarding my accounts with the financial institutions listed or subsequently discovered, to request information from any credit reporting agency and to exchange pertinent information with others who may properly receive this information. I will not hold AREP Laughlin or any of the financial institutions or reporting agencies responsible for any information released. In consideration of this credit I (1) acknowledge this debt is incurred and payable in Nevada (2) agree to submit to the jurisdiction of any federal or state court in Nevada to enforce this obligation, (3) agree to pay all collection costs including attorney fees, court costs and interest found due at the rate of 18% per annum; (4) waive any requirement of presentment, (5) waive any right statutory or otherwise, to stop payment on this check. I authorize the payee to complete any negotiable instrument as necessary for presentation or payment within 90 days or by agreement noted above. In the event that a check is returned for insufficient or uncollected funds, it may be re-presented electronically. I have read and understand all the information on this application.</p>						
<p>Warning: "For the purposes of Nevada 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 Nevada which may result in criminal prosecution in addition to civil proceedings to collect the outstanding debt." My signature below indicates I read and understand this warning.</p>						
Signature (Primary)			Date	Signature (Joint)		Date

Last Name:

First Name:

Rated Date	Bank Rating	Open Date	Bank Number	Office use only
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				Complete Application	5	0	Authorized Limit: \$	
				Bank Rating	5	2 <5>	Approved by:	Date:
				Tier Level	3	0	Approved by:	Date:
				Central Credit	5	2 <5>	Approved by:	Date:
Cashier Initials/Emp.#:				Total =			CCID #	
Date/Time Received:			15 to 18 up to 100% 12 to 13 up to 50% 9 to 10 Courtesy Check 8 or less No Credit			Account #	Host:	

AREP Laughlin ENDORSES 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 1-800-522-4700.