



### CREDIT APPLICATION

Attention: Casino Credit Department • P.O. Box 760, Las Vegas, NV 89101 • Fax: 702-386-2219

Marketing Rep: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Property: \_\_\_\_\_ Limit Requested: \_\_\_\_\_

Name: \_\_\_\_\_ Residence Phone: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Alt. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Position with Employer: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Expected Arrival Date: \_\_\_\_\_ Mail To Home: \_\_\_\_\_ Office: \_\_\_\_\_ Alternate: \_\_\_\_\_

#### BANK ACCOUNT INFORMATION (Checking Accounts Only)

Primary Bank (1) Name \_\_\_\_\_ ABA# \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Personal Account Number: \_\_\_\_\_ Business Account Number: \_\_\_\_\_  
Name on Business Account: \_\_\_\_\_ Bank Contact & Position: \_\_\_\_\_  
Secondary Bank (2) Name, Branch, & ABA #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Personal Account Number: \_\_\_\_\_ Business Account Number: \_\_\_\_\_  
Name on Business Account: \_\_\_\_\_ Bank Contact & Position: \_\_\_\_\_  
Signature As On Checks: \_\_\_\_\_  
Credit at Other Casinos (List): \_\_\_\_\_

I give PlayLV, it's subsidiaries and representatives permission to obtain and verify credit information with any source, obtain credit, employment history, and exchange information with others about my credit with PlayLV. "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 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."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Plaza Hotel Casino ENDORSES RESPONSIBLE GAMING. We will cancel or reduce your credit line upon request.**  
If you or someone you know may have a problem gaming responsibly please call 1.800.522.4700



### BANK AUTHORIZATION FORM

For gaming purposes only, PLAYLV would like to offer the convenience and safety of traveling without cash by inviting you to apply for a check cashing/credit line at the Plaza and Las Vegas Club Hotel & Casino. Print out the credit application and bank authorization form. Have your bank complete, sign and stamp the bottom half of this form after you have completed the top portion in order to safeguard you personal and confidential information.

Mail the application and bank form to our credit department:  
PLAYLV Credit Department  
P.O. Box 760  
Las Vegas, NV 89125

For immediate processing, fax forms to:  
Plaza Hotel & Casino 702-386-2219  
Las Vegas Club Hotel & Casino 702-380-5790

---

### PLAZA & LAS VEGAS CLUB HOTEL & CASINO

Bank: \_\_\_\_\_ Date: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
ABA Number: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_

To facilitate the approval of my check cashing/credit application with the PLAZA AND LAS VEGAS CLUB HOTEL & CASINO, I the undersigned (whether by photo-copy or faxcopy) AUTHORIZE the addressed bank to release all the necessary information to the Plaza Hotel & Casino regarding any and all of my accounts.

Signature: \_\_\_\_\_

---

### FOR BANK USE ONLY

To Whom It May Concern: One of your customers has applied for check cashing privileges and/or a line of credit with the Plaza and Las Vegas Club Hotel & Casino.

Please fill in the requested information and return it (in the enclosed envelope) as soon as possible in order to expedite the credit approval. All information we receive will be held in strict confidence.

Account No.	Ck/Bus/Sav	Open Date	Average Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Customer's average monthly balance: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Bank Stamp: \_\_\_\_\_