Last Name, First Name, Middle Initial (Primary Applicants Only)	Bank 1 Name
Date of Birth	Street Address
Social Security #	City State Zip Code
Street Address of Residence	Acct.#
City State Zip Code	Bank ABA#
(Area Code) Residence Phone	
Last Name, First Name, Middle Initial (Secondary Applicants Only)	Bank 2 Name
Date of Birth	Street Address
Social Security #	City State Zip Code
Street Address of Residence	Acct.#
City State Zip Code	Bank ABA#
(Area Code) Residence Phone	
Business Name (if retired indicate so)	Send Credit Correspondence to: Bus. Res.
Type of Business Position	
Street Address of Business	For Casino use only:
City State Zip Code	Application received: mail walk in phone-in fax
Area Code Business Phone	

Player's Club Number

Credit Requested



I give my permission to Chukchansi Gold Resort & Casino to obtain information regarding my accounts with the financial institution(s) listed above or subsequently provided or discovered. This includes any information regarding my accounts with any of Chukchansi Gold Resort & Casino's affiliated properties. I will not hold these entities responsible or liable for any information released.

In the event legal action is brought to collect any amounts owed, I agree: 1) To submit to the jurisdiction of any state or federal court in California; 2) That said action shall be governed by the laws of the state of California; 3) To pay all costs and attorney's fees incurred by you.

Approved Credit Limit	Date
Disposition	
Credit Executive Signature & ID #	Primary Applicant's Signature (as it appears on identification)
Casino Employee Signature & ID #	Secondary Applicant's Signature (as it appears on identification)