

CasaBlanca Virgin River

Please Print			Date:			
Name		Ī	Date of Birth	Social Security	#	
Name (Spouse)		I	Date of Birth	Social Security	#	
Residence/Mail Address			Residence	e Phone		
City, State		Zip	Cell Phon	ne e		
Firm			Occupation (	)		
Business Address			Business	Phone		
City, State		Zip				
Mail To: (Check one) Home Bu		Business	Email:		None	
	Marker Play	<u>—</u>	Check Ca	ashing Only		
14 Day Paguastad Limit: \$		\$		Arrival Date:		
., ., ., ., ., ., ., ., ., ., ., ., ., .			Spouse)			
Customer agrees that the credit li	mit is only to be used	for gaming purp	oses and must be pai	d back in accordance with the		
Mesquite Gaming, LLC payment (1) A statement will be sent 14 (2) A second statement will be directly into your bank according to the directly into your bank according marker(s) (4) Any returns from the bank	days after issuance dat sent 30 days after the i ount within 15 days. will be automatically d	ssuance of the ma	r bank acccount after	45 days from issuance of the ma		
I certify that the information contain for personal, family or household put Hotel & Casino ("CasaBlanca" "Vir Mesquite Gaming, LLC and/or its ending information therefrom in oconsumer reporting agencies and all used to evaluate my request for a checkward warming: For the purposes MAY BE DEPOSITED IN OR PRECREDIT INSTRUMENT IS DRAW DEFRAUD, INCLUDING KNOWIDRAWN, IS A CRIME IN THE ST	irposes. I acknowledge gin River") intends to a imployees to obtain con rder to evaluate my ap- financial institutions f eck/credit line. S OF NEVADA LAW, SENTED FOR PAYM /N. WILLFULLY DR NG THAT THERE Al	e that Mesquite Grely upon the truth asumer reports (in plication. I expresor supplying or of A CREDIT INSTANT TO A BANLAWING OR PASTRE INSUFFICIEI	aming, LLC DBA Cas nfulness of such inform cluding credit reports) ssly hold harmless Me btaining information c TRUMENT IS IDENT IK OR OTHER FINAL SSING A CREDIT IN NT FUNDS IN AN AC	saBlanca Resort Casino and Virgnation. By my signature below, contact financial institutions at squite Gaming, LLC and its emoncerning my financial and creations. The contact TO A PERSONAL CHE NCIAL INSTITUTION ON WESTRUMENT WITH THE INTECCOUNT UPON WHICH IT M	gin River I authorize and obtain ployees, all dit information  CK AND HICH THE ENT TO AY BE	
PROCEEDINGS TO COLLECT THE I acknowledge that I have read and the interest of	HE OUTSTANDING I	DEBT.			20 21111	

Date

Signature Co-Applicant

Date

Signature

Male Female Hair Eyes Height Weight Female Hair Eyes Height  Bank Information  List below the bank account number(s) from which you will draw all checks and/or markers issued to the Cas Casino and/or the Virgin River Hotel & Casino (checking accounts only). All markers will be deposited in the after 45 days.  Bank (1) ABA# Per Acct#  Bus Acct#	aBlanca Resort e following accounts
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Bank (1) Per Acct# Bus Acct#	
Bus Acet#	
Bus Acet#	
City, St Zip	
Phone Bank Rep	
Dunk Rep	
Bank (2) ABA# Per Acct#	
Bus Acct#	
City, St Zip	
Phone Bank Rep	
ThoseBank Rep	
Bank (3) ABA# Per Acct#	
Bus Acct#	
City, St Zip	
Phone Bank Rep	
ThoseBunk Rep	
Bank (4) ABA# Per Acct#	_
Bus Acct#	
City, St Zip	
Phone Bank Rep	