



MESQUITE GAMING



Casa Blanca

Virgin River

Please Print

Date: _____

Name Date of Birth Social Security #

Name (Spouse) Date of Birth Social Security #

Residence/Mail Address () Residence Phone

City, State Zip () Cell Phone

Firm Occupation

Business Address () Business Phone

City, State Zip

Mail To: (Check one) Home Business Email: _____ None
 Marker Play Check Cashing Only

14 Day Requested Limit: \$ _____ \$ _____ Arrival Date: _____
(Individual) (Spouse)

Customer agrees that the credit limit is only to be used for gaming purposes and must be paid back in accordance with the Mesquite Gaming, LLC payment policies: Initial _____

- (1) A statement will be sent 30 days after the issuance of the marker(s) stating that any outstanding marker(s) will be deposited directly into your bank account within 15 days.
- (2) Any outstanding marker(s) will be automatically deposited into your bank account after 45 days from issuance of the marker.
- (3) **Any returns from the bank will result in a Return Fee of \$35.00 per item attached to outstanding balance.**

I certify that the information contained in this request for check/credit privileges is true and correct and that the credit requested is not primarily for personal, family or household purposes. I acknowledge that Mesquite Gaming, LLC DBA CasaBlanca Resort Casino and Virgin River Hotel & Casino ("CasaBlanca" "Virgin River") intends to rely upon the truthfulness of such information. By my signature below, I authorize Mesquite Gaming, LLC and/or its employees to obtain consumer reports (including credit reports), contact financial institutions and obtain financial information therefrom in order to evaluate my application. I expressly hold harmless Mesquite Gaming, LLC and its employees, all consumer reporting agencies and all financial institutions for supplying or obtaining information concerning my financial and credit information used to evaluate my request for a check/credit line.

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 A CRIMINAL PROSECUTION IN ADDITION TO CIVIL PROCEEDINGS TO COLLECT THE OUTSTANDING DEBT.

I acknowledge that I have read and understand the above statement.

Signature Date Signature Co-Applicant Date

Identification

ID# _____ St _____ Exp _____ ID# _____ St _____ Exp _____
Male _____ Male _____
Female Hair _____ Eyes _____ Height _____ Weight _____ Female Hair _____ Eyes _____ Height _____ Weight _____

Bank Information

List below the bank account number(s) from which you will draw all checks and/or markers issued to the CasaBlanca Resort Casino and/or the Virgin River Hotel & Casino (checking accounts only). All markers will be deposited in the following accounts after 45 days.

Bank (1) _____ ABA# _____ Per Acct# _____
Bus Acct# _____
Address _____ Branch _____
City, St _____ Zip _____
Phone _____ Bank Rep _____

Bank (2) _____ ABA# _____ Per Acct# _____
Bus Acct# _____
Address _____ Branch _____
City, St _____ Zip _____
Phone _____ Bank Rep _____

Bank (3) _____ ABA# _____ Per Acct# _____
Bus Acct# _____
Address _____ Branch _____
City, St _____ Zip _____
Phone _____ Bank Rep _____

Bank (4) _____ ABA# _____ Per Acct# _____
Bus Acct# _____
Address _____ Branch _____
City, St _____ Zip _____
Phone _____ Bank Rep _____