

RESORTS CASINO HOTEL CREDIT APPLICATION

Name_____

Address_____

City_____State_____Zip_____

Phone (Daytime) (_____)_____

(Evening) (_____)_____

Email Address_____

Date of Birth_____

Social Security Number_____

Bank Name_____

City_____State_____

Personal Checking Account Number_____

Amount Requested \$_____

ACKNOWLEDGEMENT STATEMENT

I authorize Resorts Atlantic City to investigate my credit history including inquiry of the banking institution named herein, and to furnish information pertaining to any activity with Resorts Atlantic City as may be appropriate in the conduct of business. I also understand that the information is being gathered for the purpose of extending check cashing privileges and that checks will be deposited in accordance with New Jersey Law.

Acknowledgement (signature as on checks)

Date