

## MontBleu Credit Application

Please print this application and fill in all the blanks. Then fax it to 775-586-2042.  
If you have any questions, please call our credit department at 775-586-2196. Only one customer per application.

Name \_\_\_\_\_  
Last First M.I.

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Residence Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Credit Amount Requested \_\_\_\_\_ (per 14 days) Arrival Date \_\_\_\_\_

Email Address \_\_\_\_\_

Business Name \_\_\_\_\_

Type of Business \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ # of yrs at job \_\_\_\_\_

Mail to: Home \_\_\_\_\_ Office \_\_\_\_\_ No Mail \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch Location \_\_\_\_\_

Address \_\_\_\_\_ Type Of Acct \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number \_\_\_\_\_ Routing # \_\_\_\_\_

I give my permission to Tropicana Entertainment, LLC, dba MontBleu Resort Casino and Spa, to obtain information regarding my accounts at the financial institutions provided on this application as well as with the Central Credit Corporation and other gaming properties. I agree not to hold any of those financial institutions responsible for the accuracy or completeness of any information released to Tropicana Entertainment.

Signature \_\_\_\_\_