



1 Saracen Resort Drive • Pine Bluff, AR 71601 • Phone: (870) 686-9001 • www.saracenresort.com

## CASINO CREDIT APPLICATION

### CUSTOMER INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 City/Province: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Residence Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Sex:  Male  Female  
 Alternate Address: \_\_\_\_\_  
 City/Province: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Direct all Correspondence to:  Home  Business  Alternate  
 DL #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Credit Amount Requested: \$ \_\_\_\_\_ Anticipated Arrival Date: \_\_\_\_\_

### EMPLOYEE HISTORY

Name of Firm: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 City/Province: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position with Firm: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Number of Years: \_\_\_\_\_

### BANK ACCOUNT INFORMATION (Checking Accounts Only)

(1) Primary Bank Name: \_\_\_\_\_ ABA Number: \_\_\_\_\_  
 Branch/Street Address: \_\_\_\_\_  
 City/Province: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Checking Account #: \_\_\_\_\_ Deposit Checks to: \_\_\_\_\_  
 Bank Contact, If any: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 (2) Secondary Bank Name: \_\_\_\_\_ ABA Number: \_\_\_\_\_  
 Branch/Street Address: \_\_\_\_\_  
 City/Province: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Checking Account #: \_\_\_\_\_ Deposit Checks to: \_\_\_\_\_  
 Bank Contact, If any: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### PLEASE READ AND SIGN BELOW

My signature below is an authorization for Saracen Development, LLC d/b/a Saracen Casino Resort to obtain and verify credit and employment information from any source including information pertaining to my personal and business accounts in accordance with applicable laws. I will not hold any financial institutions or current or former employers responsible for any information released. I have accepted the terms and conditions outlined on the back of this page.

Guest Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Casino Employee: \_\_\_\_\_ Badge #: \_\_\_\_\_ Date: \_\_\_\_\_



Thank you for your patronage. By signing the credit request, you have agreed as follows:

You give the Saracen Casino Resort and its representatives permission to obtain and verify credit information from any source, including from an authorized credit rating agency, to obtain your credit and employment history, and to exchange information with others about your credit and account experiences with the Saracen Casino Resort. You agree not to hold any of these entities responsible or liable for the information released. You agree that the Saracen Casino Resort will retain this application whether or not it approves the credit line. Your credit application may be denied for any reason.

You certify that you have reviewed all of the information provided above and that it is true and accurate. You certify that you are 21 years of age or older. You are aware that you may be subject to civil or criminal liability if any material information provided by you is willfully false.

Before drawing on your line of credit, if granted, you agree to sign credit instruments (i.e. checks) in the amount of the draw. You authorize the Saracen Casino Resort to complete any of the following missing items on these credit instruments: (1)the name of a payee, (2) any missing amounts up to the amount of the total draws, (3) a date, (4) the name, account number, and/or address and branch of any banks and financial institutions, and (5) any electronic encoding of the above items.

You acknowledge that irrespective of any currency exchange laws in the country in which you reside, you have the ability and intent to legally repay any advance of money by the Saracen Casino Resort. You hereby authorize Saracen Casino Resort, in its sole discretion, to apply any and all chips, cash, or cash equivalent you may redeem first to the reduction of any outstanding credit balance, with the remainder, if any, to be returned to you.

This Casino Credit Application shall be governed by the laws of the State of Arkansas, without regard to choice of law principles or forum non-convenience. The courts of the State of Arkansas located in and for Pulaski County shall have exclusive jurisdiction over any and all claims and disputes arising hereunder, including but not limited to those involving the credit line, the debt, or the payee, and those pertaining to the formation, validity, interpretation, enforcement, or alleged breach of this Application, and any appeal arising therefrom. You consent and agree to be bound by any order or judgment of such courts, and you hereby waive any and all objections to jurisdiction and venue in such courts. In addition to any amounts authorized by law, you will pay interest at the maximum interest rate allowable under Arkansas law, from the date the credit instrument is due but remains unpaid or is rejected for payment upon deposit, and all costs of collection, including attorneys' fees and court costs.

**WARNING:** For the purpose of Arkansas law, a credit instrument is identical to a personal check and may be deposited in or presented 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 the account upon which it may be drawn, is a crime in the State of Arkansas which may result in criminal prosecution in addition to civil proceedings to collect the outstanding debt.

**SARACEN CASINO RESORT ENDORSES RESPONSIBLE GAMING.** We will cancel or reduce your credit line upon your request. If you or anyone you know may have a problem gaming responsibly, please call **1-800-522-4700**.

## INSTRUCTIONS

1. Please complete both sides of the application.
2. Print and sign both pages and bring to the Cashier's Cage at Saracen Casino Resort.
3. Bring the following documents in addition to the two-page application:
  - A voided check or a deposit slip from the account listed on the credit application
  - A copy of a valid ID - This will have to be updated when it expires

Guest Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Casino Employee: \_\_\_\_\_ Badge #: \_\_\_\_\_ Date: \_\_\_\_\_

Approver: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Approver: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Approver: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Approver: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_