



# Credit and Check Cashing Application

CALL US 1-800-766-5825 EXT 6474 OR 8377 WITH ANY QUESTIONS.

Thank you for your interest in Fitz Casino & Hotel. Once completed, please return this application to the casino cashier, either in person, or by mail or fax to: **Fitz Casino & Hotel, ATTN: Credit Department, PO Box 327, Tunica Resorts, MS 38664—FAX (662) 363-8238.** Please include a voided check and a copy of your driver's license, passport or active military ID. If you have any questions, or we may be able to further assist you, please contact us at 1-800-766-5825 ext. 8377 or 1-662-363-5825 ext. 8377. If submitting this application in person, proceed to Casino Credit, located at the Casino Cashier on the 1st floor—positive identification will be required. Thank you.

## FOR OFFICE USE ONLY

Central Credit #	Player's Card #
Junket Rep.	Casino Credit
Arrival Date	Front Money Account

Name (Please Print): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
AS IT APPEARS ON YOUR IDENTIFICATION MM/DD/YY

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Residence Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Name of Firm: \_\_\_\_\_  
 Position with Firm: \_\_\_\_\_ No. Years: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Business Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Address of Firm: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Direct all correspondence to: (check one)  Business  Residence  
 Maximum Credit/Check Cashing Limit Requested Per 7 Day Period: \_\_\_\_\_  
 Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Driver's License Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ State Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD/YY

### Bank #1

Branch and Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Bank Phone: (\_\_\_\_) \_\_\_\_\_  
 Personal Account # \_\_\_\_\_ ABA # \_\_\_\_\_  
 Business Account # \_\_\_\_\_ ABA # \_\_\_\_\_

### Bank #1

Branch and Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Bank Phone: (\_\_\_\_) \_\_\_\_\_  
 Personal Account # \_\_\_\_\_ ABA # \_\_\_\_\_  
 Business Account # \_\_\_\_\_ ABA # \_\_\_\_\_

I give permission to Barden Mississippi Gaming, LLC (Fitz Casino & Hotel) to obtain information regarding my account with the banks listed above. Fitz Casino & Hotel may charge a service fee for any check or draft returned and I will be liable for reasonable attorney's fees and cost of collection. The credit/check cashing limits set forth herein may be changed by Fitz Casino & Hotel at any time and with or without prior notice. This agreement and all subsequent transactions contemplated hereunder shall be governed by the laws of the state of Mississippi.

Signature (as on checks) \_\_\_\_\_

Thank you for your application!