



PLEASE PRINT

DATE _____

NAME _____
LAST FIRST MI DATE OF BIRTH SOCIAL SECURITY #

SPOUSE _____
(LIST FOR JOINT ACCOUNT) DATE OF BIRTH SOCIAL SECURITY #

RESIDENCE ADDRESS _____ RES. PHONE () _____

CITY, STATE _____ ZIP _____

FIRM NAME _____ POSITION _____ RETIRED _____

BUSINESS ADDRESS _____ BUS. PHONE () _____

CITY, STATE _____ ZIP _____

MAIL TO: HOME BUSINESS NONE SEND STATEMENT: YES NO

10 DAY CREDIT LIMIT REQUESTED _____ AUTHORIZED CREDIT LIMIT _____

AUTHORIZED CREDIT SIGNATURE _____

CREDIT LINE REQUESTED FOR WAGERING ON: TABLES SLOTS SPORTS
CUSTOMER AGREES THAT THE CREDIT LIMIT IS ONLY TO BE USED FOR GAMING PURPOSES AND MUST BE PAID BACK IN ACCORDANCE WITH SOUTH POINT HOTEL AND CASINO'S PAYMENT POLICIES.

LIST BELOW THE BANK ACCOUNT NUMBERS WHICH YOU WISH TO DRAW ON ALL CHECKS AND/OR MARKERS ISSUED TO GAUGHAN SOUTH LLC DBA SOUTH POINT HOTEL AND CASINO.

Bank (1) _____ Branch _____ City, State _____

Acct. # _____ Pers. Bus. Bank Contact Name _____

Bank (2) _____ Branch _____ City, State _____

Acct. # _____ Pers. Bus. Bank Contact Name _____

Bank (3) _____ Branch _____ City, State _____

Acct. # _____ Pers. Bus. Bank Contact Name _____

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REQUEST FOR CREDIT LINE IS TRUE AND CORRECT AND THE CREDIT REQUESTED IS NOT PRIMARILY FOR PERSONAL, FAMILY OR HOUSEHOLD PURPOSES. I ACKNOWLEDGE THAT GAUGHAN SOUTH LLC DBA SOUTH POINT HOTEL AND CASINO ("SOUTH POINT") INTENDS TO RELY UPON THE TRUTHFULNESS OF SUCH INFORMATION. BY MY SIGNATURE BELOW, I EXPRESSLY AUTHORIZE SOUTH POINT AND/OR ITS EMPLOYEES AND AGENTS TO OBTAIN CONSUMER REPORTS (INCLUDING CREDIT REPORTS), CONTACT FINANCIAL INSTITUTIONS AND OBTAIN FINANCIAL INFORMATION THEREFROM, AND CHECK MY CREDIT HISTORY IN ORDER TO EVALUATE MY APPLICATION. I EXPRESSLY HOLD HARMLESS SOUTH POINT AND ITS EMPLOYEES AND AGENTS, 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 CREDIT LINE.

SIGNATURE AS CHECKS WILL BE SIGNED _____ DATE _____ SIGNATURE AS CHECKS WILL BE SIGNED _____ DATE _____
(2nd Signature Co-Applicant if Applicable)

For Official Use Only							
IDENTIFICATION		EXP. DATE				EXP. DATE	
MALE	FEMALE	DOB		CREDIT CARD			
HEIGHT		WEIGHT		BANK CARD			
DRIVERS LICENSE #				OTHER ID #			
STATE							
CCID #					BANK REPORT	HIGH ACTION	LAST ACTION
DATE	HOTEL	LIMIT	DATE EST.	BANK & BRANCH			
TRANSACTIONS							
DATE	OK	AMOUNT					