

Credit Application



Host: _____

Personal

Name (Last)	(First)	(Middle)	Players Club Number
Home Address		City	State Zip Code
Date of Birth	Social Security Number		Home Phone Number
Credit Amount Requested	Where do you want to receive your mail? <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Alternate Address		Alternate Phone Number
Employer		Type of Business	Years Employed
Position			Annual Income \$
Email Address	Would you like to receive emails regarding special promotions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address you prefer for credit correspondence		City	State Zip Code
Do you prefer a call prior to deposit? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, # of days (circle one): 3 5 7	
Phone # _____			

Any Markers not picked up on departure will be deposited to your bank unless prior arrangements are made with the Credit Manager, Table Games Manager, Casino Shift Manager, or Cage Shift Manager.

I hereby consent to each of the terms and conditions set forth below. Viejas Casino is authorized to check my credit history, including but not limited to obtaining consumer credit reports and contacting financial institutions or references. I give Viejas Casino permission to obtain information regarding my account(s) with the financial institutions listed above or subsequently discovered. I will not hold these financial institutions responsible for any information released, unless such release is negligent. With respect to the collection of my account(s), (1) I agree to submit to the jurisdiction of any state or federal court in California or Nevada and (2) I agree to pay all costs of collection, including Viejas Casino attorney fees and court costs, in addition to any amounts authorized by law. I acknowledge that Viejas Casino is the wholly owned business enterprise of the Viejas Band of Kumeyaay Indians, a federally recognized Indian tribe that retains sovereign immunity from unconsenting suit. Viejas neither makes nor intends any waiver of the sovereign immunity of the Viejas Band.

My signature below acknowledges that the information provided in this application is complete and accurate to the best of my knowledge.

Signature (as checks will be signed)

X _____ Name (printed) _____ Date _____

FOR OFFICE USE ONLY:

ID Identification	Type of ID	Expiration Date
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Bank

Bank Name - Deposit Account Only	Bank Contact Name	Bank Phone Number	City	State
Account Number 1.		Routing Number		
Additional Banking Information	Bank Contact Name	Bank Phone Number	City	State
Account Number 2.		Routing Number		

TM Accepting Application (print)	TM#	Date
TM Signature		