



CASINO TOURS, LTD.

Casino Credit Application

Mailing Information (Print Clearly)

Full Name: _____ DOB: ____ / ____ / ____
Last First Middle

Address: _____ Phone: _____

City: _____ State: ____ Zip: _____

Spouse's Name: _____ DOB: ____ / ____ / ____

Employer/Firm Name: _____ Position: _____

Address: _____ Phone: _____

City: _____ State: ____ Zip: _____

Mail To Be Received At: Business: ____ Residence: ____

E-mail: _____ Fax: _____

Casino Account Information:

Casino Name	Player Card Number	Tier (Gold, Silver, 7 Star, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Banking Information:

Bank#1: _____

Address: _____

City: _____ State: ____ Zip: _____

ABA No.: _____ Account No.: _____

Type Of Acct.: Business: ____ Personal: ____ Phone: _____

Bank Officer: _____ Position: _____

Bank#2: _____

Address: _____

City: _____ State: ____ Zip: _____

ABA No.: _____ Account No.: _____

Type Of Acct.: Business: ____ Personal: ____ Phone: _____

Bank Officer: _____ Position: _____

Maximum Credit Requested: \$ _____

Front Money you usually bring: \$ _____

Personal Description:

Sex: ____ HT: _____ WT: _____ Eyes: _____ Hair: _____

SSN: ____ - ____ - ____ Drivers License: _____ State: ____

Signature: _____ Date: ____ / ____ / ____

By my signature, I authorize any casino to check my credit ratings.

Sign and Fax to Casino Tours, Ltd. at 770-642-8831 or 478-474-1748.

Or mail to: Casino Tours, Ltd, P.O. Box 27477 Macon, GA 31221