BANK INFORMATION

Bank (1)		Branch
ABA No.	Account No.	
Address		
City	State	Zip Code

Bank (2)		Branch
ABA No.	Account No.	
Address		
City	State	Zip Code

Bank (3)		Branch
ABA No.	Account No.	
Address		
City	State	Zip Code

DEPOSIT CHECKS INTO:

- ☐ Bank No. 1
- ☐ Bank No. 2
- ☐ Bank No. 3

CREDIT CHANGE REQUESTS

CREDIT CHANGE REQUESTS

CREDIT BUREAU REPORT / ADDRESS VERIFICATION

	DATE	TIME	SIGNATURE	LICENSE NO.	BUREAU / RATING
SENT					
REC'D					
EXEC.					OK - FAIR - NEG - N/R
ADD / V					CB - LETTER - PH - BK

CREDIT FILE CHECKLIST

☐ Application Complete ☐ Consumer Credit Report

☐ Photocopy of Identification ☐ Central Credit Report ☐ Bank Report

Verification Performed By

COMMENTS

AUTHORIZED CREDIT LINE

DATE	AMOUNT	AUTHORIZER	LICENSE	STATUS/CODES	SPECIAL INSTRUCTIONS

REASON(S) FOR INITIAL CREDIT DECISION

- ☐ Bank report substantiates the credit line
- ☐ Credit bureau shows adequate payment record
- ☐ Comparable credit lines at other casinos
- ☐ Clear record at other casinos
- ☐ Other good casino credit for 2 yrs. or more
- ☐ Many years with the same bank
- ☐ Other _____
- ☐ Unable to show resources for amount requested
- ☐ Central credit derogatory information
- ☐ Credit bureau shows payment problem
- ☐ Insufficient bank balance
- ☐ Outstanding casino credit balances
- ☐ Would consider with more information
- ☐ Bank account too new

☐ I authorize Horseshoe Southern Indiana to encode any of the markers with any Bank Account listed by me on my credit application at Horseshoe's discretion.

☐ I hereby agree that Horseshoe Southern Indiana shall have the right to apply all or any portion of chips or tokens presented by me toward the redemption of any of my outstanding markers or returned checks.

CODES FOR ZEROED CREDIT LINES

_____ Guest Request

_____ Other

_____

Name: Last First M.I. Date of Birth

Residence Address Account No.

City State Zip Code No. of Years

Residence Phone Mother's Maiden Name

Business Name Position

Business Address Business Phone

City State Zip Code No. of Years

Amount Requested Annual Income Approximate indebtedness

Type of Line ☐ Credit ☐ Check Cashing

Mail to be sent to ☐ Home ☐ Business ☐ None

Driver's License No. / Passport No. State / Country

CC ID No. Social Security No.

ID Presented Contained ☐ Physical Description ☐ Photograph ☐ Neither

Height Weight Hair

Eyes ☐ Male ☐ Female

ID & PHYSICAL DESCRIPTION VERIFIED BY

Signature

Must be 21 years or older to gamble. Know When To Stop Before You Start®. Gambling Problem? Call 1-800-9-WITH-IT.
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I acknowledge that I am responsible for payment of credit issued.

Should legal action be required to collect any outstanding balance, I agree to pay all costs of collection including collection costs and attorney's fees. I authorize Horseshoe Southern Indiana to conduct such investigations pertaining to my financial condition as it deems necessary to the approval of my credit line. I agree that any balance on my credit line which remains unpaid for 30 days will accrue interest at the rate of 1½% per month (18% annum).

Signature as Checks will be Signed