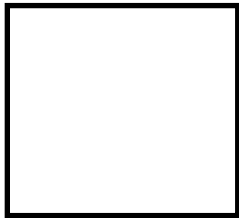




Fantasy Springs Resort Casino
84-245 Indio Springs Parkway
Indio CA 92203-3499



CREDIT APPLICATION

WWW.FANTASYSPRINGSRESORT.COM





APPLICATION FOR CREDIT

Upon arrival at Fantasy Springs Casino, applicant will be required to present government issued photo identification and to sign additional documentation before credit can be extended.

MAXIMUM CREDIT REQUESTED: \$

PERSONAL INFORMATION

Name		Street Address	
City	State	Zip	
Years at residence	Phone	Contact:	<input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> None
Date of birth	Social Security	Arrival Date	

1. This agreement shall be governed construed and interpreted in all respects in accordance with the laws of the State of California and the Cabazon Band Of Mission Indians. 2. Each of the parties to this Agreement hereby expressly submit and consent to exclusive jurisdiction in California to hear and determine any claims or disputes pertaining directly or indirectly to this agreement or to any matter arising therefrom. 3. I, the undersigned, agree that in the event this extension of credit need be placed with an attorney or agency I will pay all costs of collection, including but not limited to, reasonable attorney fees, interest at the maximum rate allowed by law, court costs and any bank fees incurred through appeal.

BUSINESS INFORMATION

Name of firm		Street Address	
City	State	Zip	
Phone	Years Employed		
Type of business	Position		

INCOME

ALL INDEBTEDNESS

Yearly income	Source	Amount	Source
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BANKING INFORMATION - (IF MAILING APPLICATION, PLEASE ENCLOSE A VOIDED CHECK.)

Bank name		Street Address	
City	State	Zip	
Account #	<input type="checkbox"/> Personal <input type="checkbox"/> Business	Phone	
2nd Bank name		Street Address	
City	State	Zip	
Account #	<input type="checkbox"/> Personal <input type="checkbox"/> Business	Phone	

I, the undersigned, represent that all statements made by me in this Agreement are true and correct. I acknowledge that I am responsible for payment of credit issued. I authorize Fantasy Springs Casino to conduct such investigation pertaining to the above information as it deems necessary for the approval of my credit limit. I authorize Fantasy Springs Casino or any of it's affiliates to order a consumer report and gaming report from a credit reporting agency to exchange pertinent information with others who may properly receive this information. I understand that I may be subject to civil and criminal liability if I knowingly provide false inaccurate or misleading information. To all Banks, Financial Institutions, Credit Reporting Agencies; I authorize Fantasy Springs Casino to conduct inquiries into my credit worthiness. You are hereby authorized to release any and all information pertaining to such inquiries, as requested by an appropriate representative of Fantasy Springs Casino. A photostatic copy of this authorization will be considered as effective and valid as the original.

Signature	Date
<input type="text"/>	<input type="text"/>



GET THE CREDIT YOU DESERVE!

- No need to bring cash with you.
- No need to write a check.
- No need to find an ATM.
- Simple and convenient.