

APPLICANTS

PRIMARY

SECONDARY

BANK

DISCLAIMER

	Last Name,	First	Middle
Primary Signer:	_____		M <input type="checkbox"/> F <input type="checkbox"/>
Secondary Signer:	_____		M <input type="checkbox"/> F <input type="checkbox"/>
Street Address:	_____		
City:	State:	Zip:	
Home Phone:	Email address:		

Business Name:	_____			Position:	_____
Business Address:	_____				
Type of Business:	City,	State	Zip		
Date of Birth:	SSN:	Length of Employment:	Work Ph: _____		
Mobile Phone:	Best time to call & location: _____				
I Like to Play:	Slots <input type="checkbox"/>	21 <input type="checkbox"/>	Dice <input type="checkbox"/>	Keno <input type="checkbox"/>	Roulette <input type="checkbox"/>

Business Name:	_____			Position:	_____
Business Address:	_____				
Type of Business:	City,	State	Zip		
Date of Birth:	SSN:	Length of Employment:	Work Ph: _____		
Mobile Phone:	Best time to call & location: _____				
I Like to Play:	Slots <input type="checkbox"/>	21 <input type="checkbox"/>	Dice <input type="checkbox"/>	Keno <input type="checkbox"/>	Roulette <input type="checkbox"/>

Bank Name:	Routing # :	Account #:
Bank Address:	_____	
	City,	State
	Zip	
Bank Name:	Routing # :	Account #:
Bank Address:	_____	
	City,	State
	Zip	

Warning: For the purpose of Nevada law, a credit instrument is identical to a personal check and may be deposited in or presented for payment to a bank or other financial institution on which the credit instrument is drawn. Willfully drawing or passing a credit instrument with the intent to defraud, including knowing that there are insufficient funds in an account upon which it may be drawn is a crime in the State of Nevada which may result in criminal prosecution in addition to civil proceedings in addition to civil proceedings to collect the outstanding debt.

I declare the information provided to be true and accurate and am aware that I may be subject to civil and criminal liability if any material information provided by me is knowingly false, I authorize DRock Gaming, LLC DBA the D to conduct such investigations pertaining to the above information, as it deems necessary in connection with my request for a credit limit and to furnish information concerning such credit record to credit reporting agencies and others who may properly receive this information.

I acknowledge that I am responsible for payment of credit issued and waive any right, statutory or otherwise to stop payment on any instruments issued in connection with any credit issued to me. I agree to pay interest at the maximum rate allowed by law on all past due balances. I agree to submit to the jurisdiction of any court, federal or state, in Clark County, Nevada should legal action be taken to collect any outstanding balances and agree to pay all costs of collection including reasonable attorneys fees and costs. I hereby waive any defense to any such action based on lack of personal jurisdiction or improper venue.

Date _____ Signature (Primary) _____

Date _____ Signature (Secondary) _____

Mail to:

Residence

Business

Other: _____

Host: _____

Credit Limit Requesting: \$ _____

Expected Arrival Date: _____

*Please attach voided bank check & copy of your valid photo I.D.

Email completed applications to Credit@thed.com or fax to (702) 385-2322.