

# Credit Questionnaire

Thank you for your interest. Please fill in the following information. The completed form may be mailed or faxed to us, or dropped off at our Casino Credit Office located on the Casino Floor. One form of valid identification (i.e. Drivers License, Passport or Military Id) will be required to activate your credit line. We look forward to your next visit.

## Personal information

Credit Limit Requested \$ \_\_\_\_\_ Total Rewards® Account Number \_\_\_\_\_  
Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Email Address \_\_\_\_\_  
Soc.Sec.# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Expected date of arrival \_\_\_\_\_

## Business information

Business name \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Position With Business \_\_\_\_\_ Sole proprietor  Yes  No  
Business Phone \_\_\_\_\_

## Bank account information

(Only personal checking accounts or sole proprietor business accounts will be accepted)

Bank #1 \_\_\_\_\_ Bank #2 \_\_\_\_\_  
Account# \_\_\_\_\_ Account# \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Personal  Sole Proprietor  Money Market  
Contact me at:  Home  Business  Other \_\_\_\_\_

Must be 21 or older to gamble, enter and remain in a New Jersey casino or participate in any Harrah's Entertainment promotion. Know When To Stop Before You Start.® Gambling Problem? Call 1-800-GAMBLER. ©2007, Harrah's License Company, LLC.

**Total Rewards®... It's Your Ticket To The Ultimate Atlantic City Adventure.**

