

BILOXI

Last Name:	First Name:	Middle:
Residential Address (No PO Boxes, Please) _		
City	State	Zip code:
Email Address		
Telephone Numbers:		
Maximum Credit Requested \$		
Date of Birth:	SSN:	
NOTE: YOU MAY ALSO FAX US A VOIDED COPY O	OF YOUR CHECK(S) OR DEPOS	SIT SLIPS IN PLACE OF COMPLETING BANK INFO BELOW.
Bank # 1 Name:		
Bank # 1 Branch (or 9-Digit Routing Number)	
Bank # 1 Account Number		Checking or Savings?
Bank # 2 Name:		
Bank # 2 Branch (or 9-Digit Routing Number	r)	
Bank # 2 Account Number		Checking or Savings?
Business Name:	Position	on Held:
Business Address:		
		Zip code:
Business Telephone:		Mail to Home or Business (Circle)
Signature (required)		Date:

By my signature above I attest that the information above has been provided by me for the purpose of obtaining credit and I declare this information to be true and correct. I give permission to Hard Rock Casino Biloxi to obtain information regarding my bank account(s) and information from any recognized credit bureau so as to provide assurance of financial status. I will not hold these firms liable for any information released.