



# PRESQUE ISLE DOWNS & CASINO

P.O. Box 10728  
Erie, PA 16514-0728  
Phone: 814-866-8763  
Fax: 814-868-8891

## Application for Casino Credit/Check Cashing (\$2,500 Limit)

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Line of Credit Requested: \$ \_\_\_\_\_

### Personal Information

Players Card #: \_\_\_\_\_  
Name (Last Name, First) \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Years at Residence: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Identification Type:  State Drivers License  
 State ID  Passport

Identification Number: \_\_\_\_\_  
Issued By: \_\_\_\_\_ Expires: \_\_\_\_\_  
HT: \_\_\_\_\_ WT: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Annual Income: \$ \_\_\_\_\_  
Total Indebtedness: \$ \_\_\_\_\_

All Mail and Correspondence to:  
 Home  Business  No Mail

### Banking Information

Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Bank Contact: \_\_\_\_\_  
Type of Account:  Personal  Sole Proprietorship  
Bank Routing #: \_\_\_\_\_  
Bank Account #: \_\_\_\_\_

### Secondary Bank Information

Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Bank Contact: \_\_\_\_\_  
Type of Account:  Personal  Sole Proprietorship  
Bank Routing #: \_\_\_\_\_  
Bank Account #: \_\_\_\_\_

All Counter/Personal Checks are to be Deposited to Which Account:  
 Primary  Secondary

I certify that I have read and understand this application and its terms and I execute this document voluntarily and with full knowledge of its significance. I authorize Presque Isle Downs and Casino to conduct any investigations necessary for the approval of my credit limit. I am aware that this application is required by the regulations of the Pennsylvania Gaming Control Board. I understand that a Counter Check issued by Presque Isle Downs and Casino is identical to a personal check and may be deposited in or presented for payment to my bank or other financial institution. I acknowledge that willfully drawing or passing a credit instrument with the intent to defraud, including knowing there are insufficient funds in my account, is a crime in the Commonwealth of Pennsylvania that may result in criminal prosecution. I am also aware that providing false or misleading statements or omitting information on this application may subject me to civil or criminal penalties.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Credit Verification By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Disposition: Once Credit is established and approved, the applicant MUST initial approved disposition.

\_\_\_\_\_ \$0 to \$4,999 – Pay on Departure or Auto Deposited in 15 Days  
\_\_\_\_\_ over \$5,000 – Pay on Departure or Auto Deposited in 30 Days

Notes: \_\_\_\_\_

Approved Credit Limit: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CCID#: \_\_\_\_\_

If you or someone you know has a gambling problem, help is available. Call 1-800-GAMBLER.