

HOLLYWOOD CASINO - AURORA, INC.

CASINO CHECK CASHING APPLICATION

| | |
|--|---------------------|
| Signature of employee receiving the application: _____ | IGB License # _____ |
|--|---------------------|

| | |
|---------------------------------|--------------------------|
| Patron Account Number: _____ | (Assigned by the Casino) |
|---------------------------------|--------------------------|

PLEASE PRINT

TO BE COMPLETED BY APPLICANT

Requested Check Cashing Limit: \$ _____

| | | |
|--|----------------|------------|
| Personal Information | | |
| Last Name | First Name | M.I. |
| Residence Address | | # of Years |
| City | State | Zip Code |
| Residence Phone | Business Phone | |
| Send Mail to: Business <input type="checkbox"/> Residence <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> | | |
| Address (Other) | | |

| | | |
|------------------------|------------------|------------|
| Employment Information | | |
| Business Name | | |
| Business Address | | |
| City | State | Zip Code |
| Position | Type of Business | # of Years |

TO BE COMPLETED BY CASINO

| | | | |
|--|---------------|---|-------------------------------|
| Applicant - Personal Information | | | |
| Driver's License Number | State | Expiration Date / / | |
| ID Number & Source (if no DLN) | | Country | |
| Date of Birth | | Social Security Number | |
| Weight | Height | Eye Color | Hair Color |
| Glasses: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| Identifying Features: | | | <input type="checkbox"/> None |
| Identity & Physical Description of Applicant Verified By: | | | |
| Signature | IGB License # | Date / / | |

| | |
|---------------------------------|------------------------|
| Applicant - Banking Information | |
| Bank #1 | ABA # or Equivalent |
| Branch | Account # - Personal |
| Street Address | Account # - Sole Prop. |
| City, State, Zip | Phone Number |
| Bank Contact Name | Position |

| | |
|---------------------|-----------------|
| Credit Card Company | Expiration Date |
| Account # | / / |

| | | |
|-------------------|------------------------|---------------------|
| Bank #2 | | ABA # or Equivalent |
| Branch | Account # - Personal | |
| Street Address | Account # - Sole Prop. | |
| City, State, Zip | Phone Number | |
| Bank Contact Name | Position | |

I authorize this casino to investigate my credit record and to furnish information concerning such credit record to credit reporting agencies. I certify that I have reviewed all of the information provided on this application and that it is true and accurate. I authorize this casino to conduct any investigation pertaining to this application as it deems necessary for the approval of my check cashing limit and to use such information as it deems necessary in connection with my request. I am aware this application is required to be prepared by the regulations of the Illinois Gaming Board and I may be subject to civil and criminal liability if any material information provided by me is knowingly false. I authorize this casino, as needed, to share this information with other jurisdictions.

In the event of non-payment, I understand that in addition to the amount of the check or draft, I may be liable for a return fee as permitted by state law for all costs and expenses, including reasonable attorney's fees, incurred by the casino in collection of the outstanding amount, whichever is greater, plus statutorily permitted interest thereon.

/ /

Signature of Applicant _____ Date _____
(in presence of casino employee)

/ /

Signature of Co-Applicant _____ Date _____
(if any, in presence of casino employee)

PATRON NAME:

_____ Last

_____ First

_____ M.I.

APPROVED CHECK CASHING LIMIT:

| Date | Time | Amount | Employee Signature | IGB License # | Approved / Denied | Code(s) | Explanation / Comments |
|------|-------|--------|--------------------|---------------|-------------------|---------|------------------------|
| / / | AM PM | \$ | | | | | |
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| / / | AM PM | \$ | | | | | |
| / / | AM PM | \$ | | | | | |
| / / | AM PM | \$ | | | | | |

CODES

APPROVAL:

- 1. Bank report substantiates the credit line.
- 2. Credit bureau shows a satisfactory payment record.
- 3. Comparable credit lines at other casinos.
- 4. Clear at other casinos.
- 5. Other good casino credit for more than 2 years.
- 6. No known derogatory information.
- 7. Income shows customer able to handle credit.
- 8. Many years with the same bank.

DENIAL:

- 9. Insufficient resources for amount requested.
- 10. Central credit indicates derogatory information.
- 11. Credit bureau contains derogatory information.
- 12. Insufficient bank balances.
- 13. Outstanding casino credit balances.
- 14. Would consider with more information.
- 15. Bank account too new.

OTHER:

- 16. Other. (Detail explanation).