

HOLLYWOOD CASINO - AURORA, INC.

CASINO CREDIT APPLICATION

Signature of employee receiving the application:	IGB License #

Patron Account Number: _____	(Assigned by the Casino)
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PLEASE PRINT

TO BE COMPLETED BY APPLICANT

Requested Credit 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					
Identify & Physical Description of Applicant Verified By:					
Signature	IGB License #	Date			
		/ /			
Credit Card Company					
Account #	Expiration 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		
Bank #2	ABA # or Equivalent		
Branch	Account # - Personal		
Street Address	Account # - Sole Prop.		
City, State, Zip	Phone Number		
Bank Contact Name	Position		

ASSETS

(List only Assets upon which the creditor should rely upon for the requested credit line)

Approximate Value	Source (excluding real estate)	Method of Evaluation	Signature of employee evaluating information	IGB License #	Date
1. \$ _____	_____	_____	_____	_____	/ /
2. \$ _____	_____	_____	_____	_____	/ /
Total: \$ _____					

LIABILITIES

Approximate Value	Type of Liability	Method of Evaluation	Signature of employee evaluating information	IGB License #	Date
1. \$ _____	_____	_____	_____	_____	/ /
2. \$ _____	_____	_____	_____	_____	/ /
Total: \$ _____					

INCOME

Approximate Yearly Income	Source of Income	Method of Evaluation	Signature of employee evaluating information	IGB License #	Date
1. \$ _____	_____	_____	_____	_____	/ /
2. \$ _____	_____	_____	_____	_____	/ /
Total: \$ _____					

PRIOR CASINO CREDIT HISTORY

Casino Name	Date Account Estab.	Outstanding Credit Bal.	Credit Limit	Signature of employee evaluating inform.	IGB License #	Date
1. _____	/ /	\$ _____	\$ _____	_____	_____	/ /
2. _____	/ /	\$ _____	\$ _____	_____	_____	/ /

Note: The format for the categories above is for reference only.

All designated fields for Assets, Liabilities, Income, and Prior Credit History must be maintained in the patron's credit file.

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 investigations pertaining to this application as it deems necessary for the approval of my credit 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 gaming 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 Date
 (in presence of casino employee)

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