

**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		First Name	M.I.
Last Name			
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"/>	None <input type="checkbox"/>
Identifying Features: <input type="checkbox"/> None			
Identity & 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		

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)