AMERICAN CASINO & ENTERTAINMENT
PROPERTIES LLC

ESTIMATED WIN/LOSS STATEMENT REQUEST FORM

❑ **Stratosphere** ❑ **Aquarius** ❑ **Arizona Charlie's Boulder** ❑ **Arizona Charlie's Decatur**

_____ _____
Member Name (Please Print) **ace** | PLAY™ Number

_____ _____
Social Security Number Date of Birth

_____ _____
Address Apt # City State Zip

_____ _____
(Area code) Telephone Email Address

I hereby request that the property provide me with an estimated win/loss statement for the calendar year(s) of _____. I understand that the information provided will reflect the requested wins and losses while using my **ace** | PLAY card bearing the above account number, and is not equivalent to, or intended for use as, any government documentation required for the filing of my personal taxes.

I hereby release and hold harmless "Property," its subsidiaries and employees from any liability associated with my use of this information for any purpose.

The estimated win/loss statement that I receive will include any carded play I may have for Slots, Video Reel, Pit, Race and Sports, Keno and Bingo.

_____ _____
Member Signature Date

Select One: Pick Up / Mail

If ace | PLAY **member does not present request in person, member's signature must be notarized. Only the member may receive or request a Win/Loss Statement. Member MUST present valid photo ID acceptable to American Casino and Entertainment Properties, LLC, in its sole and absolute discretion.**

SUBSCRIBED AND SWORN TO before me

The _____ day of_____, 20_____.

_____
NOTARY PUBLIC

Request completed by:

_____ _____
Employee Signature Date

Return to: Stratosphere Casino Attn: PLAYERS CLUB, 2000 Las Vegas Blvd. South, Las Vegas, NV 89104