

STRATOSPHERE

HOTEL | CASINO | TOWER

Casino Credit and Check Cashing Application

When your application is complete, please return it in person, by mail in the postage paid return envelope or for your convenience you may fax your application to 702-383-5293. If you have any questions please call us at 702-383-5295 or toll-free 888-216-6639. Upon arriving at Stratosphere, please come to the Casino Cage where we will review your application with you personally. The following items will be required at such time: a valid photo identification (must be a state issued driver's license or identification, military identification or passport) along with an ace I PLAY™ card and a voided check.

Arrival Date: _____ Credit Limit Requested: _____ Date: _____
(Minimum Credit Limit is \$100)

Personal Information (Primary)						
Last Name		First Name		Middle Initial	Date of Birth	
Street Address (No P.O. Box)		City	State	Zip	Years @	Own <input type="checkbox"/> Rent <input type="checkbox"/>
Identification Number	State Issued By	Expiration Date	Social Security Number		Phone-Residence	
E-Mail Address						
Alternate Address		City	State	Zip		
Personal Information (Joint)						
Last Name		First Name		Middle Initial	Date of Birth	
Identification Number	State Issued By	Expiration Date	Social Security Number		Relationship to Primary	
Business Information						
Firm Name			Type of Business			
Position		Years @	Phone-Business			
Street Address of Firm		City	State	Zip		
Bank Information (Checking Accounts Only. Markers Are Deposited to Bank #1 Unless Noted Otherwise.)						
Bank #1 (Name and Branch)			Account Number		Personal <input type="checkbox"/>	Business <input type="checkbox"/>
Contact (Name & Phone Number)			ABA Number		Deposit to this account? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Street Address		City	State	Zip		
Bank #2 (Name and Branch)			Account Number		Personal <input type="checkbox"/>	Business <input type="checkbox"/>
Contact (Name & Phone Number)			ABA Number		Deposit to this account? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Street Address		City	State	Zip		
Payment Agreement						
Markers are for gaming purposes only. Markers with verified loss & credit lines less than \$15,000 are deposited after 30 days. Markers not used for gaming purposes may be deposited the following business day. A fee of \$35 may be charged for each returned check.			Guests without a verified loss are expected to pay markers on departure. Markers with verified loss & credit lines \$15,000 or above are deposited after 60 days. Checks are for immediate deposit and may decrease available credit for up to 14 days.			
I request that all markers be deposited in 10 days. <input type="checkbox"/> OR			Request statement mailed to: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Alternate <input type="checkbox"/> No Statement			
By signing below, I/we authorize Stratosphere to obtain information regarding my accounts with the financial institutions listed or subsequently discovered, to request information from any credit reporting agency and to exchange pertinent information with others who may properly receive this information. I will not hold Stratosphere or any of the financial institutions or reporting agencies responsible for any information released. In consideration of this credit I (1) acknowledge this debt is incurred and payable in Nevada; (2) agree to submit to the jurisdiction of any federal or state court in Nevada to enforce this obligation; (3) agree to pay all collection costs including attorney fees, court costs and interest found due at the rate of 18% per annum; (4) waive any requirement of presentment; (5) waive any right statutory or otherwise, to stop payment on this check. I authorize the payee to complete any negotiable instrument as necessary for presentation or payment within 90 days or by agreement noted above. In the event that a check is returned for insufficient or uncollected funds, it may be re-presented electronically. I have read and understand all the information on this application. Under penalties of perjury, I certify the Number shown on this form is the correct Taxpayer Identification Number issued to me.						
Warning: "For the purposes of Nevada law, a credit instrument is identical to a personal check and may be deposited in or presented for payment to a bank or other financial institution on which the credit instrument is drawn. Willfully drawing or passing a credit instrument with the intent to defraud, including knowing that there are insufficient funds in an account upon which it may be drawn, is a crime in the State of Nevada which may result in criminal prosecution in addition to civil proceedings to collect the outstanding debt." My signature below indicates I read and understand this warning.						
Signature (Primary)		Date	Signature (Joint)		Date	

Last Name

First Name

				FOR OFFICE USE ONLY		
Rate Date	Bank Rating	Open Date	Bank #	Complete Application 5 0		Authorized Limit \$:
				Bank Rating 5 2 <5>	Approved By:	Date:
				Tier Level 3 0	Approved By:	Date:
				Central Credit 5 2 <5>	Approved By:	Date:
Date/Time Received:	CB Score	OFAC		Total=	CCID#	
Cashier Signature/Emp #:			15 to 18: up to 100%. 12 to 13: up to 50%. 9 to 10: Courtesy Check. 8 or Less: No Credit.		Account #	Host: