

HOLLYWOOD BATON ROUGE CASINO CREDIT APPLICATION

* DATE _____
 PATRON ACCT # _____

* CREDIT LIMIT REQUEST _____
 * CHECK CASHING LIMIT REQUEST _____

THE REQUIRED MINIMUM AMOUNT FOR A CREDIT LINE IS \$1,000.00.

PERSONAL INFORMATION				* indicates required field
* LAST:	* FIRST:	MIDDLE (optional)		
* STREET ADDRESS:				
* CITY:	* STATE:	* ZIP:		
* RESIDENCE PHONE: ()	* DATE OF BIRTH:			
* SOCIAL SECURITY NUMBER:	* PASSPORT NUMBER AND COUNTRY IF NON-RESIDENT ALIEN:			
BUSINESS INFORMATION				
* BUSINESS NAME/ EMPLOYER:				
BANKING INFORMATION				
* BANK (1):	BANK (2) (optional):			
* ABA #:	ABA #:			
* ACCOUNT #:	ACCOUNT #:			
* CITY:	* STATE:	CITY:	STATE:	
<p>The undersigned (the "Patron") agrees to pay Hollywood Casino Baton Rouge, also known as Louisiana Casino Cruises, Inc. (the "Casino") any and all markers or other extensions of credit in full within the number of days indicated below or as provided on each individual marker, which shall not in any case exceed thirty (30) calendar days from the issuance of the marker or the extension of credit to the Patron by the Casino ("Due Date"). In the event of non-payment by the Due Date, the Patron authorizes the Casino to present the credit marker to the Federal Reserve System for payment at Patron's bank or financial institution. Patron further authorizes Casino to apply any and all chips or tickets redeemed first to the reduction of any outstanding credit balance, and then, if any remains, to the Patron.</p> <p>Should Casino commence legal action to collect any money Patron may owe the Casino, Patron will pay the Casino's reasonable attorney fees and all costs of collection. The Casino may charge for any check Patron may have returned in accordance with all applicable law. The credit limits set forth herein may be changed by Casino at any time with or without notice to the Patron. This agreement and subsequent credit transactions were entered into in the State of Louisiana, and shall be governed by Louisiana law. Venue shall be in a court in East Baton Rouge Parish exclusively.</p> <p>The Patron certifies that the information stated in this application is true and correct and agrees to the terms and conditions set forth above. Patron authorizes Casino and its agents to obtain credit reports, contact financial institutions, and check Patron's credit history in order to evaluate this application or any future application or extension of credit, and Patron hereby authorizes release of any such information, Patron authorizes Casino and its agents to obtain information regarding my account with all banking institutions including those Patron listed above. Patron holds Casino harmless for any information released. Patron further authorizes Casino to answer questions about Patron and the Casino's credit experience with others who request it, including without limitation credit agencies, Louisiana gaming regulators and other casinos, whether or not they are affiliated with Casino.</p> <p>_____ PATRON'S INITIAL HERE ACKNOWLEDGES RECEIPT AND AGREEMENT TO THE TERMS OF THE CASINO'S CREDIT POLICY.</p>				

Deposit Days	1 day	7 days	14 days	21 days
(initial one)				

Patron: _____

Casino Witness (cashier or higher):

Date: _____

Print Name: _____
 Title and Number: _____

Supervisor:

_____ Patron's initials here acknowledge receipt of privacy policy.

Print Name: _____
 Title and Number: _____

