



Credit Questionnaire

Thank you for your interest in Mt. Airy Casino Credit. Please complete and return the Credit Questionnaire by mail, Mt. Airy Casino Resort Credit Office 44 Woodland Rd. Mt. Pocono, PA 18344, fax, (570) 243-5168 or drop it off at our Casino Credit Office. (If you would like to discuss your credit or have any questions please contact us at 1-877-532-4062 or ngonzalez@mtairycasino.com. Thanks again.)

REQUESTED CREDIT LIMIT: _____

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INTIAL	SOCIAL SECURITY NUMBER	DOB
STREET ADDRESS	CITY	STATE	ZIP	# OF YRS <small>Home Business Other No Mail</small>
RESIDENCE PHONE#	CELL PHONE#	EMAIL ADDRESS	SEND ALL CORRESPONSE TO (CIRCLE ONE)	
PLAYER'S CARD #	CASINO HOST	EXPECTED ARRIVAL DATE		

EMPLOYMENT INFORMATION

BUSINESS NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	#OF YRS <small>YES NO</small>
BUSINESS PHONE #	TYPE OF BUSINESS	POSITION	ZIP CODE	IS IT A SOLE PROPRIETOR?	

FINANCIAL INFORMATION

ANNUAL INCOME	SOURCE OF INCOME	TOTAL ASSETS	TOTAL INDEBTEDNESS
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BANK ACCOUNT INFORMATION

PLEASE NOTE: (Only personal and sole proprietor business accounts are accepted)

BANK #1	STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	ROUTING NUMBER	ACCOUNT NUMBER	TYPE OF ACCOUNT	
BANK #2	STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	ROUTING NUMBER	ACCOUNT NUMBER	TYPE OF ACCOUNT	

(Markers \$1-\$4,999 have 15 hold days: Markers \$5,000+ have 30 hold days)

RELEASE AUTHORIZATION TO ALL BANKS, FINANCIAL INSTITUTIONS, CREDIT REPORTING AGENCIES:

I certify that I have read and understand this application and its terms and I execute this document voluntarily and with full knowledge of its significance. I authorize Mt. Airy Casino Resort to conduct any investigations necessary for the approval of my credit limit. I am aware that this application is required by the regulations of the Pennsylvania Gaming Control Board. I understand that a Counter Check issued by Mt. Airy Casino Resort is identical to a personal check and may be deposited in or presented for payment to my bank or other financial institution. I acknowledge that willfully drawing or passing a credit instrument with the intent to defraud, including knowing there are insufficient funds in my account is a crime in this Commonwealth that may result in criminal prosecution. I am also aware that providing false or misleading statements or omitting information on this application may subject me to civil or criminal penalties. I authorize Mt. Airy Casino Resort to conduct a consumer credit investigation into my credit worthiness.

Customer Signature (signature as on checks)	DATE
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GAMBLING PROBLEM? CALL 1-800-GAMBLER