



Last Name _____

Cust Acct _____

Mail In

Phone In

Fax To 702-737-2452

Email

Email Address _____

SAHARA CREDIT

Primary Last Name _____ First _____ MI _____ AKA _____

Secondary Last Name _____ First _____ MI _____ AKA _____

Residence Address _____ City _____ ST _____ ZIP _____

Address#2 _____ City _____ ST _____ ZIP _____

Home Phone _____ Phone#2 _____ Own/Rent _____ Yrs _____

Firm Name _____ Type of Business _____

Street Address _____ Position _____

City _____ ST _____ ZIP _____ Yrs _____ Firm Phone# _____ Extension# _____

Primary DOB _____ Soc. Sec.# _____ DL# _____ ST _____ Exp _____

Secondary DOB _____ Soc. Sec.# _____ DL# _____ ST _____ Exp _____

Credit Amount Requested \$ _____

***Disclaimer -** I give my permission to the Sahara Hotel & Casino to obtain information regarding my accounts with the financial institutions listed or subsequently discovered. I will not hold these financial institutions responsible for any information released. In the event Legal Action is brought to collect any amounts owed I agree 1) to submit to the Jurisdiction of any State or Federal Court in Nevada 2) that said action shall be governed by the laws of state of Nevada 3) to pay interest on the amounts found due at the rate of 18% per annum; and 4) to pay reasonable costs and attorney fees incurred.

Disposition/Instructions:

Extended credit is due 30 days after issue date!

Send Mail To: _____ Payment Type: Check on Departure _____ Statement on Departure _____

Home Bus Deposit Maker _____ Bank & Account# _____

Phone: _____

Home Bus Customer Signature/Date _____ Casino Employee Signature/Date _____

Bank Name	_____	City, State, Zip	_____
ABA#	_____	Account Type	_____
Bank#2	_____	City, State, Zip	_____
ABA#	_____	Account Type	_____
Bank#3	_____	City, State, Zip	_____
ABA#	_____	Account Type	_____



OFFICE USE ONLY

Bank #	Date Rated	Date Opened	Bus or Pers	Rating	Signers/other Info.	Date	Initials

TRW Reports		Central Credit No. _____					
Date	Initials	Date	Hotel	Limit	Intransit	Other Information	Initials

Authorized Credit Line

Date	Amount	Signature	Remarks

