



BILOXI

Last Name: _____ First Name: _____ Middle: _____

Residential Address (No PO Boxes, Please) _____

City _____ State _____ Zip code: _____

Email Address _____

Telephone Numbers: _____

Maximum Credit Requested \$ _____

Date of Birth: _____ SSN: _____

NOTE: YOU MAY ALSO FAX US A VOIDED COPY OF YOUR CHECK(S) OR DEPOSIT SLIPS IN PLACE OF COMPLETING BANK INFO BELOW.

Bank # 1 Name: _____

Bank # 1 Branch (or 9-Digit Routing Number) _____

Bank # 1 Account Number _____ Checking or Savings? _____

Bank # 2 Name: _____

Bank # 2 Branch (or 9-Digit Routing Number) _____

Bank # 2 Account Number _____ Checking or Savings? _____

Business Name: _____ Position Held: _____

Business Address: _____

City _____ State _____ Zip code: _____

Business Telephone: _____ Mail to Home or Business (Circle)

Signature (required) _____ Date: _____

By my signature above I attest that the information above has been provided by me for the purpose of obtaining credit and I declare this information to be true and correct. I give permission to Hard Rock Casino Biloxi to obtain information regarding my bank account(s) and information from any recognized credit bureau so as to provide assurance of financial status. I will not hold these firms liable for any information released.

Thank you for your application!
Please fax to: (228) 276-7517 ATTN: Casino Credit