



FOUR DIAMOND AWARD WINNER

Credit Application

Credit Limit Requested \$ _____

Host _____

Club Card # _____

Today's Date _____

Arrival Date _____

Home Information

Name _____
Address _____
City _____ State _____ ZIP _____
Phone _____ # Years _____

SS# _____
DOB _____
Income _____
Income Source _____

Business Information

Company _____
Title _____
Address _____
City _____ State _____ ZIP _____
Phone _____ # Years _____

If you are retired, please write "RETIRED" in the space labeled company. If you are self employed, please write "SELF EMPLOYED" in the space labeled company. Otherwise, completely fill in all the spaces in the business section

SEND MAIL TO: HOME BUSINESS NONE

Primary Bank Information

Name _____
Branch _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Contact _____

Routing # _____
Account # _____
Personal Account Business Account

Secondary Bank Information

Name _____
Branch _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Contact _____

Routing # _____
Account # _____
Personal Account Business Account

I certify that I have reviewed all information provided and that it is accurate. I authorize PALA Casino Resort & Spa, the PALA Band of Mission Indians and it's agents to conduct such investigations pertaining to information, as it deems necessary for the approval of and regular updating of my credit worthiness and to furnish information concerning such credit record to credit reporting agencies and others who may properly receive this information. I am aware an application is required to be prepared by the regulations of the PALA Gaming commission and I may be subject to civil and criminal liability if any material information provided by me is willfully false. With respect to the collection of my account(s), (1) I agree to submit to the jurisdiction of any state or federal court in California and (2) I agree to pay all cost of collection, including Pala Casino attorney fees and court costs, in addition to any amounts authorized by law.

I hereby authorize PALA Casino Resort & Spa, the PALA Band of Mission Indians and it's agents to retain and apply any and all jackpots, chips, or winnings first to the reduction of any outstanding credit balance with the remainder, if any, returned to me. I agree that I am 21 years of age or older. I agree that the information set forth above is true and accurate to the best of my knowledge. I also agree to authorize PALA Casino Resort and Spa to charge any unpaid casino debts to any credit card that the undersigned has presented to PALA Casino Resort & Spa for any purpose. I also agree that PALA Casino Resort & Spa may deposit any markers into any accounts I am a signer on at any time and that funds will be made available so that they will clear upon presentation.

FOR CASINO USE ONLY IDENTIFICATION

ID NUMBER _____
ISSUING STATE _____
EXP. DATE _____

DATE: _____

EMPLOYEE SIGNATURE AND LICENSE # _____

APPROVAL

AMOUNT _____ HOLD DAYS _____

APPROVER 1 _____
APPROVER 2 _____
APPROVER 3 _____

Signature as it appears on checks _____



CREDIT DEPARTMENT

Dear Sir/Madam,

In establishing credit and check cashing privileges, one of our guests, name and accounts listed below, has listed you as one of several references. Please complete the information requested below and return in the enclosed envelope. Any information given will be held in strict confidence. your prompt attention will be appreciated. For faster service, you can fax the information to us at (760) 510-4595

Sincerely,

Brian Roe

Director of Cage and Credit Operations

To Whom it may concern: This will serve as my authorization for you to supply Pala Casino a credit rating on my account(s) listed below:

CUSTOMER SIGNATURE

Name of Bank _____

Routing Number _____

Account Number _____

THIS SECTION IS FOR BANK USE ONLY

Account #1

Account #2

Date Opened _____

Average Balance _____

Current Balance _____

Can Sign Alone _____

Type of Account _____