



PLEASE PRINT

DATE _____

NAME _____
LAST FIRST MI DATE OF BIRTH SOCIAL SECURITY #

SPOUSE _____
(LIST FOR JOINT ACCOUNT) DATE OF BIRTH SOCIAL SECURITY #

RESIDENCE ADDRESS _____ RES. PHONE () _____

CITY, STATE _____ ZIP _____

FIRM NAME _____ POSITION _____ RETIRED _____

BUSINESS ADDRESS _____ BUS. PHONE () _____

CITY, STATE _____ ZIP _____

MAIL TO: ☐ HOME ☐ BUSINESS ☐ NONE SEND STATEMENT: ☐ YES ☐ NO

10 DAY CREDIT LIMIT REQUESTED _____ AUTHORIZED CREDIT LIMIT _____

AUTHORIZED CREDIT SIGNATURE

CREDIT LINE REQUESTED FOR WAGERING ON: ☐ TABLES ☐ SLOTS

CUSTOMER AGREES THAT THE CREDIT LIMIT IS ONLY TO BE USED FOR GAMING PURPOSES AND MUST BE PAID BACK IN ACCORDANCE WITH SOUTH POINT HOTEL AND CASINO'S PAYMENT POLICIES.

LIST BELOW THE BANK ACCOUNT NUMBERS WHICH YOU WISH TO DRAW ON ALL CHECKS AND/OR MARKERS ISSUED TO GAUGHAN SOUTH LLC DBA SOUTH POINT HOTEL AND CASINO.

Bank (1) _____ Branch _____ City, State _____

Acct. # _____ ☐ Pers. ☐ Bus. Bank Contact Name _____

Bank (2) _____ Branch _____ City, State _____

Acct. # _____ ☐ Pers. ☐ Bus. Bank Contact Name _____

Bank (3) _____ Branch _____ City, State _____

Acct. # _____ ☐ Pers. ☐ Bus. Bank Contact Name _____

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REQUEST FOR CREDIT LINE IS TRUE AND CORRECT AND THE CREDIT REQUESTED IS NOT PRIMARILY FOR PERSONAL, FAMILY OR HOUSEHOLD PURPOSES. I ACKNOWLEDGE THAT GAUGHAN SOUTH LLC DBA SOUTH POINT HOTEL AND CASINO ("SOUTH POINT") INTENDS TO RELY UPON THE TRUTHFULNESS OF SUCH INFORMATION. BY MY SIGNATURE BELOW, I EXPRESSLY AUTHORIZE SOUTH POINT AND/OR ITS EMPLOYEES AND AGENTS TO OBTAIN CONSUMER REPORTS (INCLUDING CREDIT REPORTS), CONTACT FINANCIAL INSTITUTIONS AND OBTAIN FINANCIAL INFORMATION THEREFROM, AND CHECK MY CREDIT HISTORY IN ORDER TO EVALUATE MY APPLICATION. I EXPRESSLY HOLD HARMLESS SOUTH POINT AND ITS EMPLOYEES AND AGENTS, ALL CONSUMER REPORTING AGENCIES AND ALL FINANCIAL INSTITUTIONS FOR SUPPLYING OR OBTAINING INFORMATION CONCERNING MY FINANCIAL AND CREDIT INFORMATION USED TO EVALUATE MY REQUEST FOR A CREDIT LINE.

SIGNATURE AS CHECKS WILL BE SIGNED

DATE

SIGNATURE AS CHECKS WILL BE SIGNED
(2nd Signature Co-Applicant if Applicable)

DATE