

CREDIT APPLICATION

FRONT MONEY APPLICATION

CUSTOMER ACCOUNT #				CCID#				REFERRED BY:											
CREDIT CLERK SIGNATURE				LICENSE #				DATE				TIME							
NAME FIRST LAST MIDDLE				MAIL TO BE SENT: CIRCLE ONE				ALTERNATE BUSINESS RESIDENCE NO MAIL											
ALIAS				MOTHERS MAIDEN NAME				APPLICATION RECEIVED: CIRCLE ONE				FAX WALK-IN TELEPHONE MARKETING MAIL IN							
STREET ADDRESS OF RESIDENCE				RESIDENCE PHONE #				EMAIL ADDRESS											
CITY STATE ZIP # YEARS				PERSONAL IDENTIFICATION: CIRCLE				ID PRESENTED PHYSICAL PHOTO NEITHER											
CREDIT LIMIT REQUESTED SOCIAL SECURITY #				DATE OF BIRTH				CONTAINED DESCRIPTION				DRIVERS LICENSE # STATE EXPIRATION DATE							
EMPLOYER NAME OF FIRM (NOTE IF RETIRED)				SOLE PROPRIETORSHIP				PASSPORT #				COUNTRY							
TYPE OF BUSINESS				POSITION				OTHER I.D. PRESENTED-TYPE: CIRCLE ONE				I.D. #							
EMPLOYMENT STREET ADDRESS				BUSINESS PHONE #				FEDERAL STATE MILITARY				SIGNATURE OF CREDIT CLERK/CREDIT MANAGER				BADGE #			
CITY STATE ZIP # YEARS				CELL PHONE #				<p>I certify that I have reviewed all of the information provided and it is true and accurate. I authorize Northfield Park Racino to conduct such investigations pertaining to the above information as it deems necessary for the regulations. I may be subject to civil and criminal liability if any material information provided by me is willfully false. I hereby authorize Northfield Park Associates, LLC dba/ Northfield Park Racino within its sole discretion to apply any VLT tickets or jackpot payments I may redeem first to the reduction of any outstanding credit balance, with the remainder, if any to be returned to me.</p> <p>I hereby authorize Northfield Park Associates, LLC dba/ Northfield Park Racino to investigate my credit record and to furnish information concerning such credit records to credit reporting agencies and others who may properly receive the information.</p> <p style="text-align: center;">Gambling Problem? 1-800-589-9966</p>											
ALTERNATE STREET ADDRESS				CITY STATE ZIP # YEARS															
BANK #1				ABA #															
STREET ADDRESS				CITY STATE ZIP PERSONAL ACCOUNT #															
BANK #1				ABA #															
STREET ADDRESS				CITY STATE ZIP PERSONAL ACCOUNT #															
BANK #1				ABA #															
STREET ADDRESS				CITY STATE ZIP PERSONAL ACCOUNT #															
BANK #1				ABA #															
STREET ADDRESS				CITY STATE ZIP PERSONAL ACCOUNT #															
CITY STATE ZIP PERSONAL ACCOUNT #				ACKNOWLEDGEMENT (SIGNATURE AS CHECK WILL BE SIGNED)															