



TO: _____

The individual listed below has applied for credit with our organization and listed your financial institution as a reference. Would you please provide the information requested below and return this form to us in the enclosed stamped, self-addressed envelope or fax to The South Point Hotel & Casino cage credit department at (702) 797-8155.

Thank you for your cooperation.

CUSTOMER NAME: _____

ACCOUNT NUMBER: _____

OPENING DATE OF ACCT: _____

AVERAGE MONTHLY BALANCE: _____

CURRENT BALANCE: _____

BANK SIGNATURE: _____

Sincerely,
South Point Hotel & Casino

Credit Department

I certify that the information stated in the application for credit is true and correct. I agree to the terms and conditions set forth below. I authorize South Point Hotel & Casino and/or its agents to obtain consumer reports, contact financial institutions, and check my credit history in order to evaluate my application. I give permission to the South Point Hotel & Casino and/or its agents to obtain information regarding my account with the banks I have listed. I will not hold these banks responsible for any information released.

_____/_____
Applicant's signature as it appears on account / DATE