

| Personal Information | |
|---|-------------------------|
| Date of Application | Credit Line Requested |
| Last Name | First Name |
| Residence Address(Cannot be a PO Box) | |
| City | Zip Code at Residence |
| State | # of Years at residence |
| Residence Phone # | Mobile\Other Phone # |
| Date of Birth | Social Security # |
| Send Mail and correspondence to: (Circle one) Home Business Other No Mail | |
| Casino Use Only | |
| Players Card # | |
| CCID # | |
| Bank Information (accounts used to deposit markers) | |
| Primary Bank Name (Do not abbreviate) | |
| Bank Address(Cannot be a PO Box) | |
| Telephone Number | City |
| Account Number | State |
| Routing Number | Zip |
| Account Type (Circle One below) Sole Proprietorship Personal | Bank Contact |
| Secondary Bank Name (Do not abbreviate) | |
| Bank Address(Cannot be a PO Box) | |
| Telephone Number | City |
| Account Number | State |
| Routing Number | Zip |
| Account Type (Circle One) Sole Proprietorship Personal | Bank Contact |
| Payment Disposition for Individual Counter Checks | |
| \$0 to \$4,999.99 to be paid or auto deposited in 15 days | |
| \$5,000 and over to be paid or auto deposited in 30 days | |

| Employment Information | |
|--|------------------|
| Employer Name | # of Years |
| Employer Address(Cannot be a PO Box) | |
| City | State |
| Zip Code | Phone Number |
| Position Held | Type of Business |
| Annual Salary | |
| Income Information | |
| Sources of Income or Assets | |
| Annual Income | Amount of Assets |
| Debt Information | |
| Total Indebtedness (Amount) | |
| Identification Information | |
| Identification Type (Circle One below) State Drivers License State ID Passport Other | |
| Identification Number | Expiration Date |
| Issued By | |
| Height | Weight |
| Eyes | Hair |
| Disclaimer | |
| <p>I certify that I have read and understand this application and its terms and I execute this document voluntarily and with full knowledge of its significance. I authorize Presque Isle Downs and Casino to conduct any investigations necessary for the approval of my credit limit. I am aware that this application is required by the regulations of the Pennsylvania Gaming Control Board. I understand that a Counter Check issued by Presque Isle Downs and Casino is identical to a personal check and may be deposited in or presented for payment to my bank or other financial institution. I acknowledge that willfully drawing or passing a credit instrument with the intent to defraud, including knowing there are insufficient funds in my account, is a crime in this Commonwealth that may result in criminal prosecution. I am also aware that providing false or misleading statements or omitting information on this application may subject me to civil or criminal penalties.</p> | |
| Contact information for Credit Department | |
| P.O. Box 10728 | |
| Erie Pa, 16514-0728 | |
| Phone 814-866-8763 | Fax 814-868-8891 |

X.

Applicants Signature

Date

Time

If you or someone you know has a gambling problem, help is available. Call 1-800-GAMBLER