



Credit Application

Last Name, First Name, M.I. (Primary)			Secondary Party (Spouse) First Name, M.I.		
Date of Birth (P)			Date of Birth (S)		
Social Security Number (P)			Social Security Number (S)		
Home Address			Bank 1 Name		
City	State	Zip	Branch Name		
Home Phone ()	Mobile Phone ()	Bank Street Address			
Email Address			City	State	Zip
Business Name (indicate if Retired)		Position	Acct # Business		Acct # Personal
Business Address			Deposit Check to		Business Personal
City	State	Zip	Bank 2 Name		
Business Phone ()			Branch Name		
Alternate Address			Bank Address		
City	State	Zip	City	State	Zip
Send Credit Correspondence to			Acct. # Business		Acct. # Personal
Business		Residential	Alternate		
Send Marketing Correspondence to			Deposit Check to		Business Personal
Business		Residential	Alternate		

I certify that I have reviewed all information provided above and that it is accurate. I authorize Four Winds Casino Resort, the Pokagon Gaming Authority, and their agents to conduct such investigations pertaining to any information, as it deems necessary, for the approval of my credit limit and to furnish information concerning such credit record to credit reporting agencies and others who may properly receive this information. I am aware a credit application is required and that I may be subject to civil and criminal liability if I willfully provide any false material information. With respect to the collection of my account(s), (1) I agree to submit to the jurisdiction of the Pokagon Band Tribal Court and any state or federal court and (2) I agree to pay all costs of collection, including investigator and attorney fees and court costs, in addition to any amounts authorized by law. I hereby authorize Four Winds Casino Resort, the Pokagon Gaming Authority, and their 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 acknowledge that I am 21 years of age or older. I declare and affirm that the information set forth above is true and accurate to the best of my knowledge and belief. I also authorize Four Winds Casino Resort to charge any unpaid casino debts to any credit card that the undersigned has presented. I authorize Four Winds Casino to complete any of the following missing items on these credit instruments: (1) name of payee, (2) any missing amounts, (3) date, (4) the name, account number, and/or address and branch of any banks and financial institutions and (5) any electronic encoding of the above items. This information can be for any account from which I now or have or may in the future have the right to withdraw funds, regardless of whether that account now exists and whether I provided the information on the account to Four Winds Casino Resort. I acknowledge that irrespective of any currency exchange laws in the country in which I reside. I have the ability and intent to legally repay any advance of money made by Four Winds Casino Resort. I also acknowledge that an independent agent collecting front money deposits or payments on my debt is my agent and not an agent for Four Winds Casino Resort or any of its affiliates

NOTE: A credit instrument (including but not limited to Markers and Counter Checks) is the legal equivalent of a personal check. Willfully drawing or passing a credit instrument and the failure to pay such credit instrument with the intent to defraud, including knowing that there are insufficient funds in an account upon which it may be drawn, is a crime under Tribal and Federal law and may result in criminal prosecution in addition to civil proceedings to collect the outstanding debt.

Credit Requested \$ _____ Date: ____/____/____ Arrival: ____/____/____

Primary Signature _____ Secondary Signature _____

CAGE16062807

Approved Credit Limit

Date	Time Limit	Approved	TTO Approval	Credit Approved By Signature and License Number	Credit Approved By Signature and License Number	Deposit Delay Days
	<input type="checkbox"/> AM <input type="checkbox"/> PM					
Key Factor Codes/Comments						
	<input type="checkbox"/> AM <input type="checkbox"/> PM					
Key Factor Codes/Comments						
	<input type="checkbox"/> AM <input type="checkbox"/> PM					
Key Factor Codes/Comments						
	<input type="checkbox"/> AM <input type="checkbox"/> PM					
Key Factor Codes/Comments						
	<input type="checkbox"/> AM <input type="checkbox"/> PM					
Key Factor Codes/Comments						

Approved Credit Limit

CCI Account Number _____

Hotel / Casino	Credit Limit	Date Est	High Action		Last Action		Current Owing	Date	Time	
			Date	Amount	Date	Amount				
Additional Comments Bank Report								<input type="checkbox"/> AM <input type="checkbox"/> PM	Person Contacted:	
								Source <input type="checkbox"/> DC <input type="checkbox"/> CCI	Phone <input type="checkbox"/> Written Ver. Written <input type="checkbox"/> Req'd <input type="checkbox"/>	
Additional Comments Bank Report								<input type="checkbox"/> AM <input type="checkbox"/> PM	Person Contacted:	
								Source <input type="checkbox"/> DC <input type="checkbox"/> CCI	Phone <input type="checkbox"/> Written Ver. Written <input type="checkbox"/> Req'd <input type="checkbox"/>	
Additional Comments Bank Report								<input type="checkbox"/> AM <input type="checkbox"/> PM	Person Contacted:	
								Source <input type="checkbox"/> DC <input type="checkbox"/> CCI	Phone <input type="checkbox"/> Written Ver. Written <input type="checkbox"/> Req'd <input type="checkbox"/>	
Additional Comments Bank Report								<input type="checkbox"/> AM <input type="checkbox"/> PM	Person Contacted:	
								Source <input type="checkbox"/> DC <input type="checkbox"/> CCI	Phone <input type="checkbox"/> Written Ver. Written <input type="checkbox"/> Req'd <input type="checkbox"/>	

Bank Information

Bank # _____ Bank Name _____ Account Number _____

	Date	Time	Signature and License Number	Type	Open Date	12 Month Avg. Bal.	Current Balance	Name and Title of Bank Representative	
Sent		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Personal					
Received		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Sole Prop.					
Source NCC-DC-CCS-CCI-LTR Requesting in Writing <input type="checkbox"/> Y <input type="checkbox"/> N			Address Verification <input type="checkbox"/> Y <input type="checkbox"/> N		CSA <input type="checkbox"/> Y <input type="checkbox"/> N		Additional Comments:		

Bank # _____ Bank Name _____ Account Number _____

	Date	Time	Signature and License Number	Type	Open Date	12 Month Avg. Bal.	Current Balance	Name and Title of Bank Representative	
Sent		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Personal					
Received		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Sole Prop.					
Source NCC-DC-CCS-CCI-LTR Requesting in Writing <input type="checkbox"/> Y <input type="checkbox"/> N			Address Verification <input type="checkbox"/> Y <input type="checkbox"/> N		CSA <input type="checkbox"/> Y <input type="checkbox"/> N		Additional Comments:		
Residence Address Verified Through		Source Bank <input type="checkbox"/> Other Club <input type="checkbox"/>		Method Written <input type="checkbox"/>		Signature and License Number		Date	
Other Source								TIME <input type="checkbox"/> AM <input type="checkbox"/> AM	