



AT PENN NATIONAL RACE COURSE

CREDIT APPLICATION
(Entire Form Must Be Completed)

Date: _____ Player Acct. No. _____ Credit Limit Requested: \$ _____
(Minimum \$1,000)

Name: (Please Print) _____
(LAST) (FIRST) (MIDDLE)

Home Address: _____ CC ID# _____
(For Casino Use Only)

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Date of Birth: _____ / _____ / _____ Social Security #: _____
(MONTH) (DAY) (YEAR)

Income: Source: _____ Amount: \$ _____ Debt: \$ _____

OR

Assets: Source: _____ Amount: \$ _____

Name of Employer: _____ Position: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Bank Account Information

Please note, only personal and sole proprietor business accounts are accepted.

Bank Name: _____ Bank Location: _____

Account Number: _____ Routing/ABA#: _____

Release Authorization

I authorize Hollywood Casino at Penn National Race Course to conduct an investigation into my credit worthiness. You are hereby authorized to release any and all information pertaining to said investigation, as requested by employee, agent or representative of Hollywood Casino at Penn National Race Course. A photostatic copy of this certification will be considered as effective and valid as the original.

Disclaimer

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 M.T.R.A., d/b/a Hollywood Casino at Penn National Race Course, 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 M.T.R.A. 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.

_____ Customer Signature: (Signature as on checks)

Gambling Problem? Call: 1-877-565-2112 for help.