

Crystal Palace Casino

NASSAU, THE BAHAMAS

Credit Office

PO Box N-8306

Nassau, The Bahamas

242.702.4200 ext. 6600

800.431.0043

Fax Coversheet

From: _____

Date: _____

Phone Number: _____

Fax: _____

If you did not receive all pages legibly or are experiencing any difficulties, please call us as soon as possible at the number listed above.

Our Fax Number

1-242-327-6944

Comments:

Please complete the attached application in full. Banking information must have complete address with phone number and a name of a bank contact that will release a credit rating via phone to our credit department. This will greatly help in the processing of your application.

Once application is re-faxed, please allow two (2) working days for processing. Please call prior to your arrival to confirm credit approval @ 1-800-431-0043.

APPLICATION AND TERMS FOR CREDIT TO Bahamar Enterprises (BMEL) dba Crystal Palace Casino

I, the undersigned understand and agree that: 1. This agreement shall be governed, construed and enforced in all respects in accordance with the law of the Bahamas. 2. I am severally liable and obligated to pay BMEL upon demand or statement therefore, all amounts advanced to me by BMEL pursuant to this agreement which amount may also be evidenced by separate drafts executed by myself. 3. In the event that it becomes necessary for BMEL to employ the services of an attorney or agent to effect the collection of any sums which may be advanced to make pursuant to this agreement, I will pay all costs of collection, including but not limited to any bank fees, a reasonable attorney's fee, interest at a maximum rate allowed by law, court cost, and filing fees incurred through appeal. 4. The undersigned understands that there exist certain state laws which prohibit the recovery of gambling obligations, the undersigned acknowledges that as inducement for Bahamar Enterprises. To extend him/her credit, he/she expressly and voluntarily waives and relinquishes all right to asset any and all defenses, including any action brought anywhere by (BMEL) to enforce collection of any unpaid portions of this credit. 5. I have read and acknowledge all provisions of this application and agreement

Customer Signature _____ Date: _____

Date of Birth: _____ **Place of Birth:** _____

SS# _____ **Dr Lic. State** _____ **#** _____ **Exp.** _____

Please Print

Arrival date: _____ **Maximum Credit Requested:** _____

Name (Last) _____ **First** _____ **Middle In** _____

Residence Address:

City _____ **State** _____ **Zip** _____

Phone _____ **# years** _____ **Own** _____ **Rent** _____

Business Name _____ () ()

Business Address

City _____ **State** _____ **Zip** _____

Phone _____ **Position** _____ **Years with** _____

Source of Funds

Approx yearly income:	Cell Phone:	Email:
------------------------------	--------------------	---------------

Bank Name _____ **Address** _____ **City** _____ **State** _____

Account Number

Phone No. _____ **Contact** _____ **Position** _____

Bank Name _____ **Address** _____ **City** _____ **State** _____

Account Number

Phone No. _____ **Contact** _____ **Position** _____

I the undersigned, represent that all statements made by me in the agreement are true and correct. I authorize BahaMar Enterprises (BMEL) or any of its affiliates to order a consumer report from a credit reporting agency and to exchange pertinent information with others who may properly receive this information, I understand that any and all checks signed by me pertaining to this transaction may be micro encoded, deposited and charged directly against any or all of the bank accounts designated above. I further understand that knowingly providing false, inaccurate or misleading information on the Credit Agreement may subject me to criminal and/or civil liability. All credits to this account are and will be beneficially own by the facility holder.

Signature: _____ Date: _____