



Please type directly on the form by tabbing through the fields, then **print and fax** to Gem Casino Travel at 1-609-569-0279. All information is kept strictly confidential. [Click here to return to home page.](#)

CASINO CREDIT APPLICATION

Amount Requested: _____

Last Name: _____ **First Name:** _____ **Gender:** _____

SSN: _____ **DOB M/D/Y:** _____ **Spouse's Name:** _____ **DOB:** _____

Address: _____ **City:** _____

State: _____ **Country:** _____ **Zip/Postal Code:** _____

Home Phone: _____ **Work:** _____ **Cell:** _____

Company Name: _____ **Your Title:** _____

Address: _____ **City:** _____

State: _____ **Country:** _____ **Zip/Postal Code:** _____

Mail To: Home: _____ **or Work:** _____

~ BANK ACCOUNT INFORMATION ~

Bank #1: _____ **Branch:** _____

Address: _____ **City:** _____

State: _____ **Country:** _____ **Zip/Postal Code:** _____

Checking Account #: _____ **Checking Account #:** _____

Bank Routing #: _____ **Bank Phone:** _____

Bank Representative: _____

Bank #2: _____ **Branch:** _____

Address: _____ **City:** _____

State: _____ **Country:** _____ **Zip/Postal Code:** _____

Checking Account #: _____ **Checking Account #:** _____

Bank Routing #: _____ **Bank Phone:** _____

Bank Representative: _____

Other Casinos Where You Have Credit Lines/Amounts:

Casinos Where You Want Credit Lines:

Expected Day of Arrival: _____ **Email Address:** _____

Signature: _____

Date: _____