



Thank you for your interest in
Mount Airy Casino Resort
Credit.

Please complete and return this
Credit Questionnaire:

BY MAIL:
Mount Airy Casino Resort Credit Office
312 Woodland Rd.
Mount Pocono, PA 18344

BY FAX:
(570) 243-5168

IN PERSON:
At the Casino Credit Office

If you would like to discuss your
credit or have any questions please
call us at 1-877-532-4062 or email
CreditApplication@mtairycasino.com.

Important Numbers:

Casino Credit

Phone: 1-877-532-4062

Fax: 570-243-5168

Main Directory:
1-877-682-4791

Casino Credit Hours:

Sunday- Thursday
9AM-10PM

Friday & Saturday
9AM- Midnight

Mount Airy
Casino ♦ Resort

Credit Questionnaire

1-877-682-4791

www.mountairycasino.com

Gambling Problem?
Call 1-800-GAMBLER



CREDIT QUESTIONNAIRE

REQUESTED CREDIT LIMIT: _____

PERSONAL INFORMATION

LAST NAME FIRST NAME MIDDLE INITIAL SOCIAL SECURITY NUMBER DOB

STREET ADDRESS CITY STATE ZIP CODE # OF YRS

HOME PHONE# CELL PHONE# EMAIL ADDRESS Home Business Other No Mail
SEND ALL CORRESPONDENCE TO (CHECK ONE)

PLAYER'S CARD # CASINO HOST EXPECTED ARRIVAL DATE

EMPLOYMENT INFORMATION

BUSINESS NAME STREET ADDRESS CITY STATE ZIP CODE #OF YRS

BUSINESS PHONE # TYPE OF BUSINESS POSITION YES NO
IS IT A SOLE PROPRIETORSHIP?

FINANCIAL INFORMATION

ANNUAL INCOME SOURCE OF INCOME TOTAL ASSETS TOTAL INDEBTEDNESS

BANK ACCOUNT INFORMATION

PLEASE NOTE: (Only personal and sole proprietor business accounts are accepted)

BANK #1 NAME: _____ BANK #2 NAME: _____

STREET ADDRESS: _____ STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ CITY: _____ STATE: _____ ZIP CODE: _____

ROUTING #: _____ ROUTING #: _____

ACCOUNT#: _____ ACCOUNT#: _____

PHONE#: _____ ACCOUNT TYPE: _____ PHONE#: _____ ACCOUNT TYPE: _____

(Markers \$1-\$4,999 have 15 hold days: Markers \$5,000+ have 30 hold days)

RELEASE AUTHORIZATION TO ALL BANKS, FINANCIAL INSTITUTIONS, CREDIT REPORTING AGENCIES:

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 Mount Airy Casino Resort 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 Mount Airy Casino Resort 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. I authorize Mount Airy Casino Resort to conduct a consumer credit investigation into my credit worthiness.

Customer Signature (signature as on checks)

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