



**MOUNT AIRY**  
CASINO • RESORT • SPA

# 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	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No Is it a sole proprietorship?		

## FINANCIAL INFORMATION

Annual Income	Source of Income	Total Assets	Total Indebtedness
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## 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)

Gambling Problem? Call 1-800-GAMBLER.



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# CREDIT QUESTIONNAIRE



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](mailto:CreditApplication@mtairycasino.com).**

## IMPORTANT NUMBERS

**CASINO CREDIT**

PHONE: 1-877-532-4062

FAX: 570-243-5168

**MAIN DIRECTORY:**

1-877-682-4791

[WWW.MOUNTAIRYCASINO.COM](http://WWW.MOUNTAIRYCASINO.COM)

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