

Please fax to: 219-977-7971

Last Name	First	MI

Key Rewards™ Account #

Address	Apt #

Bank #1	ABA #

City	State	Zip

Branch	Personal Checking Acct #

Residence Phone	#Yrs	Own/Rent

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Employer	Position

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Employer's Address

Bank Reference	Position	Phone

City	State	Zip

CCID #

Business Phone	Years with Employer

I certify that I have reviewed all information provided above and state under penalties of perjury this is true and accurate. I certify that I am at least 21 years of age. I authorize Majestic Star Casino, LLC or its agent to conduct such investigations pertaining to the above information as it deems necessary for the approval of my credit limit. In consideration of receiving credit privileges hereunder, I (1) acknowledge that my debt(s) incurred in the State of Indiana. (2) agree to submit to the jurisdiction of any court of competent jurisdiction in Indiana, State or Federal to enforce this obligation. (3) agree that in the event this extension of credit needs to be placed with an attorney or agency, I will pay all costs of collection, including but not limited to, attorney's fees, interests at 18% (APR), court costs, filing fees and any bank fees incurred through appeal. A Photostat copy of this authorization will be considered as effective and valid as the original. In addition, I authorize Majestic Star Casino, LLC in its sole discretion to apply any and all chips or tokens I may redeem first to the reduction of any outstanding credit balance, with the remainder, if any, to be returned to me.

Date of Birth	Social Security #	Sex

Driver's License #	Issuing State

Limit Requested

Direct All Correspondence To:		
<input type="checkbox"/> Business	<input type="checkbox"/> Home	<input type="checkbox"/> None

Patrons Signature As On Check	Date