

Ramada Express Check Cashing & Credit Application

\$ _____
Limit requested – 14 day period

Name (last) (first) (middle initial)

Street address of residence Apt #

City State Zip Code

Years Res. () Phone

- - / /
Social Security # Date of Birth

Arrival Date

Can spouse sign on this account ___Yes ___No

Spouse's Name (Last) (First) (M.I.)

- - / /
Social Security # Date of Birth

Bank #1 – Primary Checking Account

Street Address of Bank

City State Zip Cod

Account #

Bank #2 – Secondary Checking Account or Savings Account

Street Address of Bank

City

State

Zip Code

Account #

Please enclose a copy or voided original of your personal or business check. I declare the information provided to be true and correct, and authorize the Ramada Express Hotel Casino to conduct such investigation pertaining to this information as it deems necessary for the approval of my requested credit limit.

X

/ /

Your signature as on all checks

Date

Ramada Express Hotel Casino
ATTN: Cage Credit
P.O. Box 77771
Laughlin, NV 89028