



CREDIT QUESTIONNAIRE

Thank you for your interest in Ocean Casino Resort credit. Please complete ALL information so that we may process your request. The completed form may be mailed to us or dropped off at our Casino Credit Office located on the casino floor. You may also email this form to casinocredit@theoceanac.com. Should you have any questions, we can be reached at 609-783-8065 or 1-888-70-OCEAN.

PERSONAL INFORMATION

Arrival Date	Ocean Rewards Card Number		
Credit Limit Requested \$	Phone ()		
Soc. Sec. # - -	Date of Birth		
Name (Last) (First) (M.)			
Address			
City	State	Zip Code	# of Yrs
E-Mail			

EMPLOYMENT

(Complete information, if Retired: indicate that)

Business Name	Type of Business		
Position with Business	Business Phone ()		
Address			
City	State	Zip Code	# of Yrs
Sole Proprietor <input type="checkbox"/> Yes <input type="checkbox"/> No		Send Mail To: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> None	

BANK ACCOUNT INFORMATION

(Only PERSONAL checking accounts or SOLE PROPRIETOR business accounts will be accepted)

Bank Name	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> BUSINESS SOLE PROPRIETOR
ABA #	Account #	
City	State	Zip Code

Release authorization to ALL financial institutions / credit reporting agencies.

I authorize OCR to investigate my credit record and to furnish information concerning such credit records to credit reporting agencies and others who may properly receive this information. "I certify that I have reviewed all the information provided above and that it is true and accurate. I authorize OCR to conduct such investigations pertaining to the above information as it deems necessary for the approval of my credit limit. I certify that I am 21 years of age or older. I am aware that this application is required to be prepared by the regulations of the DGE and I may be subject to civil or criminal liability if any material information provided by me is willfully false. I hereby authorize OCR, in its sole discretion, to apply any and all chips I may redeem first to the reduction of any outstanding credit balance, with the remainder, if any, to be returned to me." I further understand and agree that in the event it becomes necessary for OCR to institute collection actions with respect to any credit granted by OCR to me, I waive any jurisdictional objections to the claim being filed to Atlantic County Court. I will be responsible for all costs and expenses associated with collection efforts including reasonable attorney's fees and I will be responsible for payment of interest on the credit from the date that I default on payment calculated according to the applicable rules on pre-judgment and post-judgment interest set forth in the New Jersey Court Rules.

Customer Signature	Date
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Gambling Problem? Call 1-800-GAMBLER.
500 Boardwalk Atlantic City, NJ 08401 Attn: Casino Credit