

**TO PAY BY MAIL:**

Make checks payable to  
A.C.O.W.

Ocean Resort Casino  
Attn: Casino Credit  
500 Boardwalk, Atlantic City, NJ 08401

Casino Credit can be  
contacted 24/7 at  
888-70-OCEAN

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**CASINO CREDIT GUIDE**

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[theoceanac.com](http://theoceanac.com)

Must be 21 or older to gamble. Bet With Your Head, Not Over It.  
Gambling Problem? Call 1-800-GAMBLER.



## CREDIT QUESTIONNAIRE

Thank you for your interest in Ocean Resort casino credit. Please fill in the following 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. One form of valid identification (i.e. Driver's License, Passport, and Military I.D.) will be required to activate your credit line. We look forward to your next visit.

### PERSONAL INFORMATION

Arrival Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Credit limit requested \$ \_\_\_\_\_

Ocean Premier Card Number \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (M.)

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

# of Yrs \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Soc. Sec. # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

E-Mail address (optional) \_\_\_\_\_

### BUSINESS INFORMATION

Business Name \_\_\_\_\_

Type of Business \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ # of Years \_\_\_\_\_

Position with Business \_\_\_\_\_ Sole proprietor \_\_\_\_ Yes \_\_\_\_ No

Business Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mail to be sent to: \_\_\_\_ Your Home \_\_\_\_ Your Business \_\_\_\_ none

## BANK ACCOUNT INFORMATION

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

Bank #1 \_\_\_\_\_ Bank #2 \_\_\_\_\_

Account # \_\_\_\_\_

Account # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

PERSONAL \_\_\_\_\_ SOLE PROPRIETOR \_\_\_\_\_ MONEY MARKET \_\_\_\_\_

Release authorization to ALL financial institutions / credit reporting agencies.

I authorize ORC 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 ORC 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 NJ Division of Gaming Enforcement and I may be subject to civil or criminal liability if any material information provided by me is willfully false. I hereby authorize ORC, 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 ORC to institute collection actions with respect to any credit granted by ORC 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 New Jersey Gaming Declaration \* Are you a gaming related casino employee, a state officer or employee, member of judiciary or legislature, or an officer of a municipality or county in New Jersey?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

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