FHR – ILLINOIS LLC d/b/a AMERICAN PLACE INTERNAL CONTROL SYSTEM SECTION – FORMS EXHIBITS

AMERICAN PLACE CASINO

CASINO CREDIT APPLICATION

	the application:	IGB Licer	nae # Patron Account N	lumber:	
		-		(Assigned t	by the Casino)
PLEASE PRINT					
	то	BE COMPLET	ED BY APPLICANT		
Requested Credit Limit:					
Personal Information			Employment Information		
Last Name	First Name	M.I.	Business Name		
Residence Address		# of Years	Business Address		
City	State	Zip Code	City	State	Zip Code
			1,		
Residence Phone	Business Phone		Position	Type of Business	# of Years
Send Mail to:					
Applicant - Personal Information Driver's License Number	T State	O BE COMPLE	Applicant - Banking Informa		≢or Equivalent
ID Number & Source (If no DLN)	Cou	untry			
Date of Birth			Branch	Accor	unt#-Personal
	Social Security Nu		Branch Street Address		unt#-Personal unt#-Sole Prop.
Weight Height	Social Security Nu Eye Color			Accor	
Glasses: Yes No		mber Hair Color	Street Address	Accor	unt#- Sole Prop.
	Eye Color	mber Hair Color	Street Address City, State, Zip	Accor	unt#- Sole Prop.
Glasses: Yes No	Eye Color	mber Hair Color	Street Address City, State, Zip	Accord Phone	unt#- Sole Prop.
Glasses: Yes No	Eye Color Male	mber Hair Color	Street Address City, State, Zip Bank Contact Name	Phone Posite	unt#- Bole Prop. e Number
Glasses: Yes No l	Eye Color Male	mber Hair Color	Street Address City, State, Zip Bank Contact Name	Phone Positio	unt#- Sole Prop. B Number on F or Equivalent
Glasses: Yes No Identifying Features:	Eye Color Male _	Hair Color Female	Street Address City, State, Zip Bank Contact Name Bank #2 Branch	Accord Phone Position ABA 1 Accord	unt # - Sole Prop. e Number on f or Equivalent unt # - Personal

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	AAAFTA									
ASSETS (List only Assets upon which the creditor should rely upon for the requested credit line)										
	Approximate Value	Source (excluding real			Evaluation		nature of employee evaluating information	IGB License #		Date
1.	S	Course (excounting real	esidie)	Michiga of	Evaluation	- 5-9.	interest of employee evaluating information	100 Election in	1	/
	\$								1	/
Total:	\$									
					LIABILIT	ΠES				
	Approximate Value	Type of Liability		Method of Evaluation			nature of employee evaluating information	IGB License #	1 1	Date
1.	\$,,,,		mense er Etalsanen					/	/
2.	\$		\neg						/	/
Total:										
					INCOM	1F				
	Approximate Yearly Income	Source of Incom	ρ	Method of	Evaluation	_	nature of employee evaluating information	IGB License #	Г	Date
1.	\$	00000011110011		menios o			and the street of the street o	100 202112211	1	/
	\$								1	/
Total:										
					SINO CD	EDIT	HISTORY			
	Casino Name	Date Account Estab.	_		Credit Lir		Signature of employee evaluating inform	IGB License #	· ,	Date
	Casino Name	/ /	\$	ding Credit Bal.		nit	Signature of employee evaluating inform.	. IGB Liberise #	1	Jake /
1.		1 1			\$				/	
2.		1 1	ĮΦ		Į.				,	/
Note:	The format for the categories ab	ove is for reference only.								
	All designated fields for Assets,	Liabilities, Income, and P	rior Credit	History must b	e maintained in	the patro	n's credit file.			
Laudean	45:: t- it:t	::				###!		-6 ib i-6iid-d		
I authorize this casino to investigate my credit record and to furnish information concerning such credit record to credit reporting agencies. I certify that I have reviewed all of the information provided on this application and that it is true and accurate. I authorize this casino to conduct any investigations pertaining to this application as it deems necessary for the approval of my credit limit and to use such information as it deems necessary in connection										
with my request. I am aware this application is required to be prepared by the regulations of the Illinois Gaming Board and I may be subject to civil and criminal liability if any material information provided by me is knowingly false. I authorize this casino, as needed, to share this information with other gaming jurisdictions.										
In the event of non-payment, I understand that in addition to the amount of the check or draft, I may be liable for a return fee as permitted by state law for all costs and expenses, including reasonable attorney's fees, incurred by the casino in collection of the outstanding amount, whichever is greater, plus statutorily permitted interest thereon.										
				, ,					,	,
Signatu				/ / Date		Signatur	re of Co-Applicant		/)ate
(in prese	ence of casino employee)					(if any, ir	n presence of casino employee)			

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PATRON NAME:		1	
	Last	First	M.I.

	APPROVED CREDIT LIMIT:							
Date	Time	Amount	Employee Signature	IGB License #	Approved / Denied	Code(s)	Explanation / Comments	
/ /	AM PM	s						
1 1	AM PM	\$						
/ /	AM PM	s						
/ /	AM PM	s						
/ /	AM PM	ş						
/ /	AM PM	\$						
1 1	AM PM	s						
/ /	AM PM	s						
/ /	AM PM	s						
/ /	AM PM	s						
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/ /	AM PM	s						
1 1	AM PM	s						
/ /	AM PM	\$						
1 1	AM PM	s						
1 1	AM PM	s						
1 1	AM PM	s						

CODES

APPROVAL:

1. Bank report substantiates the credit line. 2. Credit bureau shows a satisfactory payment record. 3. Comparable credit lines at other casinos.

4. Clear at other casinos. 5. Other good casino credit for more than 2 years. 6. No known derogatory information. 7. Income shows customer able to handle credit.

8. Many years with the same bank.

DENIAL: 9. Insufficient resources for amount requested. 10. Central credit indicates derogatory information. 11. Credit bureau contains derogatory information.

12. Insufficient bank balances. 13. Outstanding casino credit balances. 14. Would consider with more information. 15. Bank account too new.

OTHER: 16. Other. (Detail explanation).

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