



THUNDER VALLEY
CASINO · RESORT

CREDIT APPLICATION

Thank you for your interest in the Thunder Valley Casino Resort
Once completed, please mail back to 1200 Athens Ave., Lincoln, CA 95648-9328 or fax at (916) 408-0559
Should you have any questions, please call us at (877) 867-7111

Name (*Please Print*) _____ Date of Birth ____/____/____
Last First Middle MM DD YYYY

Social Security No. _____ Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Email Address _____

Firm Name _____

Type of Business _____

Position _____ Business Phone (____) _____

Business Address _____

City _____ State _____ Zip Code _____

Credit Requested \$ _____ Direct All Correspondence to Business Residence

Bank #1 Name _____ ABA # _____
(Checking Account Only)

Branch and Street Address _____

City _____ State _____ Zip Code _____

Account#
Business _____ Personal _____ Deposit Checks To Bus. Pers.

Bank #2 Name _____ ABA # _____
(Checking Account Only)

Branch and Street Address _____

City _____ State _____ Zip Code _____

Account#
Business _____ Personal _____ Deposit Checks To Bus. Pers.

I certify that the information stated in the application is true and correct. I agree to the terms and conditions set forth below. I authorize Thunder Valley Casino Resort and/or its agents to obtain consumer reports, contact financial institutions, and check my credit history in order to evaluate my application. I give permission to Thunder Valley Casino Resort and/or its agents to obtain information regarding my account with the banks I have listed. I will not hold these banks responsible for any information released.

Name _____ Signature _____ Date _____