

Primary

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth: ____/____/____

SS #: ____/____/____

Dr. Lic No. _____ Exp: _____ State: _____

Spouse

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth: ____/____/____

SS #: ____/____/____

Dr. Lic No. _____ Exp: _____ State: _____

Physical Address

Street: _____

City/State/Zip: _____

Telephone Numbers: Home(____) _____ - _____
Cell (____) _____ - _____

Employer

Name: _____

Address: _____

Position: _____ How Long: _____

Telephone: (____) _____ - _____

Applicant: Please fill in the highlighted areas.

Wendover Nugget Hotel & Casino
 Red Garter Hotel & Casino
 Subject: Check Cashing Privileges

Limit Requested: \$ _____

Date: _____ / _____ / _____

I UNDERSTAND MY BANK MAY
 CHARGE A CREDIT RATING FEE

 INITIAL HERE

From: _____
 Account Name _____
 Address _____
 City/State/Zip Code _____

To Whom It May Concern:

I am establishing check cashing privileges with the Wendover Nugget Hotel & Casino and Red Garter Hotel & Casino in Wendover, Nevada. You are hereby authorized to furnish the following information. For your convenience, a return, stamped, self-addressed envelope is enclosed.

Signed, _____

To: _____
 Bank Name _____
 Bank Address _____
 City/State/Zip Code _____

Account Number _____

BANK USE ONLY													
Type of Account	Average Balance									Date Opened			
	2			3			4				5		
	L	M	H	L	M	H	L	M	H	L	M	H	
REG													
BUS													
SPEC													
SAVING													

Current Balance From	To	Response Code
	9.99	Under 10.00
10.00	30.00	L2
31.00	70.99	M2
71.00	99.99	H2
100.00	300.99	L3
301.00	700.99	M3
701.00	999.99	H3
1,000.00	3,000.99	L4
3,001.00	7,000.99	M4
7,001.00	9,999.99	H4
10,000.00	Or Greater	L5