



## MGM GRAND DETROIT CREDIT APPLICATION

### CUSTOMER INFORMATION

Limit Requested \$ \_\_\_\_\_  
(Minimum \$2,500.00)

Name \_\_\_\_\_ Residence Phone (\_\_\_\_) \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Name of Employer or Owned Business \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Address of Business \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Type of Business \_\_\_\_\_ Position with Employer or Owned Business \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Mail to: Home \_\_\_ Office \_\_\_ No Mail \_\_\_

Do you currently have an MGM Rewards Card? If so, please list card number: \_\_\_\_\_

Accounts at Other Casinos (list) \_\_\_\_\_

### BANK ACCOUNT INFORMATION: Personal Checking Account Only, No Savings Account

Primary Bank (1) Name and Branch \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Personal Checking Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

Bank Contact and Position \_\_\_\_\_

Primary Bank (2) Name and Branch \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Personal Checking Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

Bank Contact and Position \_\_\_\_\_

### ALL PAYMENTS OF OUTSTANDING DEBT WILL BE MADE FROM CUSTOMER'S PERSONAL ACCOUNTS.

I give MGM Grand Detroit, LLC ("MGM Grand"), and its representatives, permission to obtain and verify my financial information (including but not limited to account balance information) from any source; to obtain my financial and employment history; and to exchange information with others about my financial and account experience with MGM Grand. I agree not to hold any of the entities responsible or liable for the information released, nor MGM Grand for its use of such information. I agree that MGM Grand may retain and use the information on this application and any information it receives based on my authorization whether or not I am extended any credit by MGM Grand. I understand that if I cancel my line of credit, it is the policy of MGM Grand that I may not have it re-established for thirty (30) days; and if I reduce my line of credit, I may not have it raised for three (3) business days. I acknowledge and agree that even if MGM Grand does not follow such policies, I will be responsible for paying any gaming losses and debts that I incur through use of any credit extended to me by MGM Grand. I acknowledge that MGM Grand has the right to revoke or eliminate my credit at any time. Before drawing on my permanent or temporary line of credit if granted, I agree to sign credit instruments (i.e. markers or checks) in the amount of the draw and agree to be bound by the terms therein. I authorize MGM Grand to complete any information on these credit instruments as is necessary for the instrument to be presented for payment or as required by the administrative rules of the Michigan Gaming Control Board, including but not limited to (1) the name of the payee; (2) the amount of the draw; (3) the date of the draw; (4) the name, account number, and/or address and branch of any bank or financial institution; and (5) any electronic encoding of the above items. I understand that if the marker is presented for payment it will convert to a negotiable instrument. I further authorize MGM Grand to add information relating to any account which I now have or in the future may have, whether or not that account now exists, and whether I have or have not provided the information on the account.

### I AGREE UNPAID MARKERS WILL BE AUTOMATICALLY DEPOSITED IN 30 DAYS FROM ISSUANCE.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(As on Checks)

MGM GRAND ENDORSES RESPONSIBLE GAMING. We will cancel or reduce your credit line upon your request. If you or anyone you know may have a problem gambling responsibly, please call 1-800-GAMBLER.

**FAX to Credit Department at 313.965.3362.**