



THE COSMOPOLITAN  
of LAS VEGAS

880 Grier Drive, Las Vegas, NV 89119, TF 866.990.7111, Fax 702.693.8588

**Marker Limit Application**

Marketing Rep: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

(Minimum \$2,500)

**Customer Information**

**ALL INFORMATION REQUESTED BELOW MUST BE PROVIDED**

Player ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Last Name: \_\_\_\_\_ MUST BE AT LEAST 21

First Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Mail To: Home \_\_ Business \_\_ Alternative \_\_

Middle Name: \_\_\_\_\_ (SSN Required for all US ID Holders) or Passport Number

Suffix: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Generation: \_\_\_\_\_ Cell/Mobile: \_\_\_\_\_

**Home Address**

**Alternative Address**

Address Line 1: \_\_\_\_\_ Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Country: \_\_\_\_\_

**Business Address**

**Business Information**

Business Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address Line 1: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address Line 2: \_\_\_\_\_ Years At Company: \_\_\_\_\_

City: \_\_\_\_\_ Years In Industry: \_\_\_\_\_

State: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Business Website: \_\_\_\_\_

Country: \_\_\_\_\_ Annual Income: \_\_\_\_\_

**Primary Financial Institution**

**Secondary Financial Institution**

PAYMENT FROM YOUR PERSONAL ACCOUNT IS REQUIRED UNLESS PRIOR ARRANGEMENTS HAVE BEEN AUTHORIZED BY MGM RESORTS INTERNATIONAL OR ANY OF ITS GAMING SUBSIDIARIES.

Bank Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Address Line: \_\_\_\_\_ Address Line: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account Type: \_\_\_\_\_

If business account, name of business

Routing Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of Bank Contact: \_\_\_\_\_ Name of Bank Contact: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

MGM Resorts International and each of its subsidiaries and affiliates ("MGMRI") ENDORSES RESPONSIBLE GAMING: At your request, we will provide you with information on our self-limit program. We will also cancel or limit your access to marker signing privileges at your written request. We reserve the right to administratively self-limit you. If you or anyone you know may have a problem gaming responsibly, please call the 24-hour Problem Gamblers HelpLine at 800.522.4700.

I give MGMRI authorization to obtain and verify at various times as it deems reasonable my financial information (including but not limited to account balance information) and employment history from any sources. I further consent to and acknowledge that the information on this application (as well as subsequent information obtained by MGMRI) and my financial and account experiences and transactions with MGMRI may be shared among MGMRI and with their business partners, which may share such information with other third parties.

I acknowledge that all such information will be subject to MGMRI's Privacy Policy, which is located at mgmresorts.com/privacy.htm, or will be made available on request. I agree not to hold any of the individuals or MGMRI entities and any other parties with whom such information is shared, responsible or liable for the information released, received or used (or the action taken by MGMRI) as a result of the receipt or use of such information. I agree that MGMRI may retain and use the information on this application and any information it receives based on my authorization whether or not I am granted marker limit privileges. I further agree that upon request of MGMRI I will provide updated personal and financial information.

I understand that certain MGMRI subsidiaries are considered to be financial institutions under the United States' Bank Secrecy Act and are subject to State of Nevada gaming and other laws. As such, I agree that information on this Marker Limit Application and other information MGMRI may obtain about me (including but not limited to my permanent address and SSN or passport information) may be used by MGMRI to comply with MGMRI's obligations under both federal and state law.

As a condition to being granted marker limit privileges, I agree to sign credit instruments, AKA markers or checks (hereinafter "markers"), in the amount of the funds (e.g. chips, cash, tokens, etc.) issued to me. Further, I authorize MGMRI to complete any of the following information on those markers: (1) name of payee; (2) a date; (3) name, account number and/or address of any of my banks and financial institutions; (4) electronic encoding any of the above; and (5) as otherwise authorized by law. The information inserted may be for any account from which I now or may in the future have the right to withdraw funds, regardless of whether that account now exists, and whether I provided the information on the account to MGMRI. I agree that the marker does not become a negotiable instrument until such time as MGMRI inserts information necessary to transform the marker into a negotiable instrument, which time I agree may be subsequent to the date that I signed the marker. I REPRESENT THAT AT THE TIME I SIGN ANY MARKER, I HAVE ON DEPOSIT IN ACCOUNTS ON WHICH I AM AN AUTHORIZED SIGNATORY FOR ALL PURPOSES, WITHOUT RESTRICTION, FUNDS SUFFICIENT TO PAY SUCH MARKER UPON DEMAND OR PRESENTMENT.

I acknowledge that irrespective of any currency exchange laws in the country in which I reside, I have the ability and intent to legally pay through my bank or financial institution the funds represented by the markers signed by me and given to MGMRI.

I also acknowledge that an independent agent collecting front money deposits or payments on my outstanding balance is my agent and not an agent for MGMRI.

I agree that each marker I sign is a separate transaction. If I receive the funds before I execute a marker, I promptly will sign a marker when presented to me in the amount of the funds I received.

I agree (a) to pay all costs of collection, including attorney's fees; (b) to waive any requirements of presentment; (c) that the debt for which this credit instrument is issued was incurred in the State of Nevada; (d) that Nevada law exclusively applies to this credit instrument and the enforcement thereof; and (e) submit to the jurisdiction of any court, state or federal, in the State of Nevada.

I agree that the information set forth above and information I may provide in the future to MGMRI is, and will be, true and accurate to the best of my knowledge.

\_\_\_\_\_  
Customer Signature (AS IT APPEARS ON CHECKS)      Date

"Warning: for the purposes of Nevada law, a credit instrument is identical to a personal check and may be deposited in or presented for payment to a bank or other financial institution on which the credit instrument is drawn. Willfully drawing or passing a credit instrument with the intent to defraud, including knowing that there are insufficient funds in an account upon which it may be drawn, is a crime in the State of Nevada which may result in criminal prosecution in addition to civil proceedings to collect the outstanding debt."

\_\_\_\_\_  
Customer Signature (AS IT APPEARS ON CHECKS)      Date      Disposition: \_\_\_\_\_      Approved Marker Limit      Date

App Received Date \_\_\_\_\_  
Mail       Walk-In       Casino Employee Signature & ID Number