

PERSONAL INFORMATION

Name _____
(LAST) (FIRST) (MIDDLE)

Date of Birth (dd/mm/yy) _____

Social Security Number _____ Credit Line Requested \$ _____

Delaware Park Player Rewards Card Number _____

Home Address: Street _____ City _____

State _____ ZIP _____

Number of Years at Address (If less than 3 years, please provide previous address) _____

Home Address: Street _____ City _____

State _____ ZIP _____

Home Phone Number _____ Business Phone Number _____

E-mail Address _____ Cell Phone Number _____

BANK INFORMATION

Only personal accounts and sole proprietor business accounts are accepted.

Bank Name _____

Bank Address: Street _____ City _____

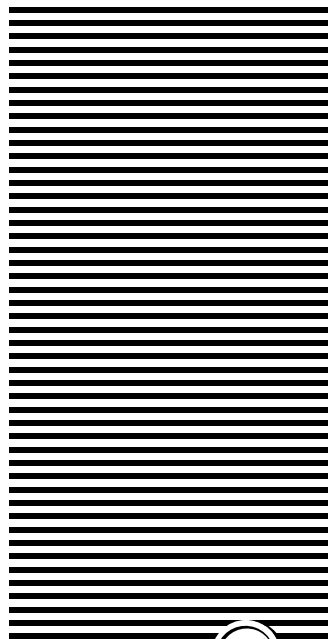
State _____ ZIP _____

Personal Checking Account Number _____

Routing Number _____

Business Checking Account Number (Sole Proprietor Only) _____

Business Account Title _____



Delaware Park
Slot Credit Department
777 Delaware Park Boulevard
Wilmington, DE 19804
1.800.41.SLOTS
www.delawarepark.com

Release Authorization to all Banks, Financial Institutions and Credit Agencies

I authorize Delaware Racing Association to conduct an investigation to my credit worthiness, and to furnish information concerning such credit record to credit reporting agencies who may properly receive this information. A photostatic copy of this certification will be as effective and valid as the original.

Customer Signature _____ Date _____