

## Please complete both pages and fax back to 775-356-3495

C.C.I.D.#		NUGGET CUSTOMER ACCOUNT NUMBER
<p>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</p>		
<p>Bank Signature of Applicant <b>X</b></p>		<p>Bank Signature of Spouse <b>X</b></p>
<b>PLEASE TELL US ABOUT YOURSELF</b>		
FULL NAME		BIRTHDATE
STREET ADDRESS		CURRENT DATE
		TELEPHONE NUMBER ( )
CITY	STATE	ZIP CODE
		E-MAIL:
DRIVER'S LICENSE NUMBER	EXP DATE	HT. WT. HAIR EYES
		SOCIAL SECURITY NUMBER
LIMIT REQUESTED (7 Day Period) \$		OCCUPATION
EMPLOYER ADDRESS		EMPLOYER
		HOW LONG
CITY	STATE	ZIP CODE
		TELEPHONE NUMBER ( )

<b>AND ABOUT YOUR SPOUSE</b>			
SPOUSE FULL NAME			BIRTHDATE
OCCUPATION		EMPLOYER	SOCIAL SECURITY NUMBER
EMPLOYER STREET ADDRESS			HOW LONG
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ( )
RELATIVE		STREET ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ( )
<b>AND ABOUT YOUR FINANCIAL AND CREDIT REFERENCES</b>			
BANK #1	BRANCH	ABA#	ACCOUNT NUMBER
CITY		STATE	ZIP CODE
BANK #2	BRANCH	ABA#	ACCOUNT NUMBER
CITY		STATE	ZIP CODE

**PLEASE SIGN THE BANK AUTHORIZATION, AND ATTACH A VOIDED BANK DEPOSIT SLIP**

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NUGGET CUSTOMER ACCOUNT NUMBER

**BANK AUTHORIZATION**

***SUBJECT: Credit Reference:***

Credit Department:

I wish to establish credit with John Ascuaga's Nugget. You are authorized to furnish the necessary information regarding my personal and/or business accounts.

Bank Signature of Applicant

Current date

Remarks

Note: Please Attach a voided Bank Deposit Slip here.