



CREDIT APPLICATION

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Please type directly on the form by tabbing through the fields, then print and fax to **WinningWays 1-304-258-0413**. All information is confidential. PLEASE DO NOT EMAIL.

Amount _____

Last Name _____ First Name _____ Gender _____

SSN _____ DOB m/d/y _____ Spouse Name _____ DOB _____

Address _____ City _____

State _____ Country _____ Zip/Postal Code _____

Home Phone _____ Work _____ Cell _____

Company Name _____ Title _____

Address _____ City _____

State _____ Country _____ Zip/Postal Code _____

Mail To: Home____ or Work____

BANK ACCOUNT INFORMATION * Checking Only

Bank # 1 _____ Branch _____

Address _____ City _____

State _____ Country _____ Zip/Postal Code _____

Checking Acct # _____ Checking Acct # _____

Bank Routing # _____ Bank Phone _____

Bank Representative _____

Bank # 2 _____ Branch _____

Address _____ City _____

State _____ Country _____ Zip/Postal Code _____

Checking Acct # _____ Checking Acct # _____

Bank Routing # _____ Bank Phone _____

Bank Representative _____

Other Casinos Where You Have Credit Lines & Amount _____

Casinos Where You Want Credit Lines _____

Expected Day of Arrival _____ Code _____

Email Address _____

Signature _____