



CREDIT APPLICATION

CUSTOMER INFORMATION

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

Name Residence Phone

Residence Address City State Zip Country

Name of Firm Business Phone

Address of Firm City State Zip Country

Type of Business Position with Firm

Social Security Number Date of Birth Mail To: Home Office Ref

Do you currently have a Players Club Card? If so, please list card number.

Accounts at Other Casinos (list)

BANK ACCOUNT INFORMATION: Checking Account Only, No Savings

Primary Bank (1) Name and Branch

Street Address City State Zip Country

Personal Account Number Routing Number

Business Account Number Routing Number

Name of Business Account Bank Contact and Position

Primary Bank (2) Name and Branch

Street Address City State Zip Country

Personal Account Number Routing Number

Business Account Number Routing Number

Name of Business Account Bank Contact and Position

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 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 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.

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 1-800-270-7117.

A line of approved credit will be automatically deposited 30 days from issuance. CUSTOMER INITIAL

Fax to Credit Department at 313-965-3362.