

SEMINOLE FM/SK DEPOSIT APPLICATION

Date: _____

Player account # _____

Last Name: _____ First Name _____

Street Address: _____

City: _____ State/Province: _____

Country _____ Postal/ Zip Code: _____

Phone: _____ Email: _____

DOB: _____ SSN/ITIN/Other: _____

(Type of ID examined (Passport, DL, ID, etc.)

Type of Photo Identification Credential Provided: _____ ID #: _____ Exp. Date: _____

ID State: _____ ID Country: _____

Employed? Yes No Business Owner? Yes No

Annual Gross Income / Revenue: \$ _____

Occupation / Position Title: _____

Business Name: _____ Type of Business: _____

Business Address: _____

Other income? Yes No ; if yes, list type of other income: _____ Annual Amount: \$ _____

I am aware that this application is required to be prepared and that I may be subject to civil or criminal liability if any material information provided is willfully false. I am aware that the above additional information provided may be submitted to third parties for review and/or investigation for validation purposes. I have reviewed and attest to the accuracy of the information provided by me and contained in this application. I understand that further information may also be requested from me in future for review and /or investigation for validation purposes for maintaining my account. Seminole does not disclose any information about our guests or former guests to anyone except as permitted by law.

Guest Signature: _____ Date: _____

Office Use Only:

Patron Identification review: Photo: yes no Physical Description: yes no Signature: yes no

ID scanned into system: yes no

Physical Description: Gender _____ Hair Color _____ Eye Color _____ Height _____

Date Review completed: _____

Employee Signature & License #: _____