



Casino Credit Application

Fax to 305-468-2023 or E-mail to CasinoCredit@NCL.com



Ship & Sail Date: _____ Requested Credit Limit: \$ _____ Date: _____
(MINIMUM REQUEST \$3,000.00)

PERSONAL INFORMATION

Name (last, first, middle): _____ a.k.a.: _____
Home Address: _____ Email: _____
City, State, Zip: _____ Own / Rent: _____
Home Phone #: _____ # of years: _____
Preferred Mailing Address (Specify Home or Business): _____
Date of Birth: _____ SS#: _____
Drivers License #: _____ State Issued: _____
Passport #: _____ Country Issued: _____

EMPLOYMENT/BUSINESS INFORMATION

Business Name: _____ Business Phone #: _____
Business Address: _____
City, State, Zip: _____
Type of Business: _____ Position: _____
Length of time with Business: _____ Gross Annual Income/Salary: _____

CO-APPLICANT / SPOUSE INFORMATION (if applying for joint credit, must complete this section)

Name (last, first, middle): _____ a.k.a. _____
Date of Birth: _____ SS#: _____
Drivers License #: _____ State Issued: _____
Passport #: _____ Country Issued: _____

BANK INFORMATION (Personal Checking Account Only)

Bank #1: _____ Officer: _____ Phone #: _____
Bank Address: _____ City, St., Zip: _____
Acct #: _____ Routing/ABA#: _____
Bank #2: _____ Officer: _____ Phone #: _____
Bank Address: _____ City, St., Zip: _____
Acct #: _____ Routing/ABA#: _____

BANK INFORMATION (Business Checking Account - Sole Proprietor Only)

Bank #1: _____ Officer: _____ Phone #: _____
Bank Address: _____ City, St., Zip: _____
Acct #: _____ Routing/ABA# _____

RELEASE AUTHORIZATION TO ALL FINANCIAL INSTITUTIONS, BANKS, CREDIT REPORTING AGENCIES AND CASINOS.

I/we hereby authorize NCL (Bahamas) Ltd., d/b/a Norwegian Cruise Line, and any of its affiliates to verify all of my employment, financial and other information from any source in evaluating this request for an extension of credit. I/we further authorize NCL to order credit report(s) from any credit reporting agency. I/we understand that any and all checks signed by me/us may be micro-recorded, deposited and charged directly against any or all of the bank accounts designated above. A facsimile or other copy of this authorization will be considered as effective and valid as the original. I/we hereby release and hold harmless any financial institutions or current or former employers for any information released. I/we the undersigned, represent that all statements made by me/us in this agreement are true and correct, and I/we further understand that knowingly providing false, inaccurate or misleading information on this Credit Agreement may subject me/us to criminal and/or civil liability.

I/we the undersigned, agree to be jointly and severally liable for any and all extensions of credit made to me and/or Co-applicant. This Agreement shall be governed, construed and interpreted in accordance with the laws of the State of New Jersey. The courts of the State of New Jersey shall have jurisdiction, and I/we consent and submit to the exclusive jurisdiction of such courts, to hear and determine any claims or disputes pertaining directly or indirectly to this Agreement. I/we the undersigned, agree that in the event this extension of credit need be placed with an attorney or agency, I/we will pay all costs of collection, including but not limited to, reasonable attorneys' fees, interest at one and one-half percent per month or the maximum rate allowed by law (whichever is higher), court costs, filing fees, and any bank fees incurred through appeal.

Signature (1) _____ Date _____
Signature (2) Co-applicant/Spouse (if applicable) _____ Date _____

For office use only

Credit Limit:		Credit Limit:		Credit Limit:	
Recommended By:		Verified By:		Approved By:	