

# ATLANTIS

PARADISE ISLAND, BAHAMAS™

Please fill out form below and fax to:  
**954 809 2338**

Or return by mail to:  
Kerzner International Resorts, Inc.  
Casino Credit  
1000 South Pine Island Rd  
Suite 700  
Plantation, FL 33324-2345

## CONFIDENTIAL CREDIT APPLICATION

Atlantis, Paradise Island welcomes your application for credit privileges in the casino. Please complete all the fields listed below as the information is required to process your application. Upon your arrival at Atlantis, you will need to visit the Casino Credit Department and present photo identification in the form of a driver's license or passport, a voided or copy of a personal check (to verify your bank account numbers), and sign the permanent file copy of this application.

### APPLICATION AND TERMS FOR CREDIT TO PARADISE ENTERPRISES LIMITED (PEL)

I, the undersigned, understand and agree that: **1.** This is an agreement with Paradise Enterprises Limited ("PEL") for the extension of credit by PEL and with Kerzner International North America, Inc., a Delaware corporation registered and authorized to do business in New Jersey and its subsidiaries (collectively, "KINA"), for the purposes of administering any matters arising under this agreement in the United States as PEL's agent. **2.** This agreement shall be governed, construed and enforced in all respects in accordance with the laws of the State of New Jersey, U.S.A., which State recognizes the enforceability and validity of gaming debts. **3.** As a condition of inducing PEL to extend credit to me and knowing PEL will rely upon this application: (a) I voluntarily consent and submit to the exclusive jurisdiction and venue of the Courts of Atlantic County in the State of New Jersey, U.S.A. as a convenient forum to hear and determine any claims or disputes pertaining directly or indirectly to this agreement and to any issue arising there from; (b) I waive and relinquish any and all defenses based on jurisdiction and venue including, without limitation, my legal right under the Federal Fair Debt Collection Practices Act to have claims and disputes pertaining to this agreement be filed where I live or where this agreement was signed and such waiver is voluntarily given to PEL, KINA and their attorneys; (c) I waive any right to request trial by jury in any litigation; (d) I agree that if PEL or KINA employ the services of an attorney or agent to collect any sums advanced to me pursuant to this agreement, I will pay all such costs of collection, including but not limited to bank fees, reasonable attorney's fees, court costs and filing fees incurred by PEL for collection of such sums due through judgment, any appeals and post-judgment and interest on all amounts advanced to me by PEL pursuant to this agreement at the rate of sixteen percent (16%) per annum or the maximum rate allowed by New Jersey law whichever is greater, and such interest rate shall continue and be applicable to any judgment obtained by PEL against me. **4.** I shall be liable and obligated to pay PEL all amounts advanced to me by PEL pursuant to this agreement, which amounts may also be evidenced by separate drafts and checks executed by me. **5.** I authorize PEL, in its sole discretion, to apply any and all chips I may redeem first to the reduction of any outstanding credit balance, with the remainder, if any, to be returned to me. **6.** I authorize PEL and KINA to order a credit report from any credit reporting agency and to exchange pertinent information with others who may properly receive this information. I understand that any and all drafts and checks signed by me pertaining to this transaction may be micro-encoded, deposited (manually or electronically-ACH) and/or charged directly against any or all of the bank accounts I hold. I further understand that knowingly providing false, inaccurate or misleading information in this Application and Credit Agreement may subject me to criminal and/or civil liability. **7.** I confirm that all credits to my account are beneficially owned by me. I agree and understand that all deposits into this account are for gaming purposes. **8.** The bank accounts listed below contain balances which, in the aggregate, exceed the credit line requested by me as set forth below. **9.** I have read and understood all provisions of this application and agreement which I voluntarily enter and represent to PEL and KINA that all statements made by me are true and correct. This is continuing representation and shall be deemed to be made by me each and every time I execute and deliver any and all drafts and checks signed by me pertaining to this transaction. I agree to the terms and conditions set forth within, I authorize PEL and KINA and/or its agents to obtain consumer reports or contact financial institutions, and check my credit history in order to evaluate my application. I give permission to PEL and KINA and/or its agents to obtain information regarding my account with the banks I have listed. I will not hold these banks, PEL, KINA or their agents responsible for any information released. This application and agreement supersedes any and all prior applications and agreements I have previously entered into with PEL and/or KINA.

**Signature:**

**Date:**

**Credit Line Requested:**

<b>Last Name</b>		<b>First</b>	<b>Middle</b>
<b>Date of Birth</b>		<b>Social Security</b>	
<b>Place of Birth:</b>		<b>Nationality:</b>	
<b>Residence Street Address (Do NOT Use P.O. Box)</b>			
<b>City</b>		<b>State</b>	<b>Country/Zip Code</b>
<b># Years</b>	<input type="checkbox"/> <b>Own</b> <input type="checkbox"/> <b>Rent</b>		
<b>Residence:</b>			
<b>Cell Phone:</b>			
<b>Facsimile:</b>			
<b>Email:</b>			

<b>Employer:</b>		<b>#Years</b>
<b>Type of Business</b>	<b>Position</b>	<b>Phone</b>
<b>Business Street Address (Do NOT Use P.O. Box)</b>		
<b>City</b>	<b>State</b>	<b>Country/Zip Code</b>
<b>Yearly Income:</b>		
<b>Source (s):</b>		
<b>All Indebtedness</b>		
<b>Amount:</b>		
<b>Purpose Of Account:</b>		
<b>Potential Activity:</b>		
<b>Mail Receipt Preference:</b>		
<input type="checkbox"/> <b>Home</b>	<input type="checkbox"/> <b>Business</b>	<input type="checkbox"/> <b>None</b>

**Are you now or have you ever been involved in any legal action suit?**       **Y**    **N**

**Have you ever been involved in bankruptcy?**       **Y**    **N**

**List all casinos where you have requested credit:**

**List below the accounts against which you wish to draw on all checks issued to Paradise Enterprises Limited or any of its affiliates. List only personal accounts from which you are individually authorized to draw funds. Do not list brokerage house folio numbers.**

<b>Bank #1 Name (Do Not Abbreviate)</b>	<b>Branch Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone Number</b>
<b>Account #</b>			<b>Account #</b>		
<b>Routing #</b>		<b>Contact Name:</b>		<b>Position:</b>	
<b>Bank #2 Name (Do Not Abbreviate)</b>	<b>Branch Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone Number</b>
<b>Account #</b>			<b>Account #</b>		
<b>Routing #</b>		<b>Contact Name:</b>		<b>Position:</b>	