



HORSESHOE

CASINO • HAMMOND

1. This agreement shall be governed, construed and interpreted in all respects in accordance with the laws of the State of Indiana. 2. Each of the parties to this Agreement hereby expressly submit and consent to exclusive jurisdiction in Indiana to hear and determine any claims or disputes pertaining directly or indirectly to this Agreement or to any matter arising there from. 3. I the undersigned, agree that in the event this extension of credit need be placed with an attorney or agency I will pay all costs of collection, including but not limited to, reasonable attorneys fees, interest at the maximum rate allowed by law, court costs and any bank fees incurred through appeal.

Upon arrival at Horseshoe Casino Hammond, applicant will be required to present government issued photo identification and to sign additional documentation before credit can be extended.

Form with fields: Date of Birth, Arrival Date, Social Security Number, Maximum Credit Requested, Name (Print) Last, First, Middle, Name of Firm, Residence Address, #Years, Type of Business, Position, Business Phone, City, State, Zip Code, Business Address, Residence Phone, Mail (Circle) Res. w None Bus Other, City, State, Zip Code

INCOME

ALL INDEBTEDNESS

Table with columns: AMOUNT, SOURCE, AMOUNT, SOURCE. Row: Approx. Yearly Income:

List below the bank account numbers against which you wish to draw on all checks issued to Horseshoe Casino Corporation or any of its affiliates. List only personal accounts or accounts from which you are individually authorized to draw funds. PLEASE INCLUDE ZIP CODES AND BANK PHONE NUMBERS

Form for bank accounts with fields: BANK #1, Branch Address, City, State, Zip Code, Bank Phone, Account Number, Personal Business, Bank Contact Name, Position, BANK #2, BANK #3, etc.

I hereby represent and warrant that all statements made by me in this Agreement are true and correct. I hereby authorize Horseshoe or any of its affiliates to order and obtain a consumer report from a credit reporting agency and to exchange pertinent information with others who may properly receive this information. I understand that any and all checks signed by me pertaining to this transaction may be micro-encoded, deposited and charged directly against any or all of the bank/or trust accounts designated above. I further understand that knowingly providing false, inaccurate or misleading information on the Credit Agreement may subject me to criminal and/or civil liability. In the event legal action is brought by Horseshoe against me to collect any amounts owed by me to Horseshoe I further agree 1) To submit to the jurisdiction of any state or federal court located in Indiana; 2) That said action shall be governed by the laws of the State of Indiana; 3) To pay interest at a rate equal to the lesser of 18% per annum or the maximum rate allowed by law; 4) To pay all of Horseshoe costs and disbursements, including reasonable attorney's fees, incurred by Horseshoe in connection with the collection of any amounts loaned by Horseshoe to the undersigned; and 5) I hereby authorize Horseshoe Casino Hammond, within its sole discretion, to apply any and all chips, tokens, cash, etc. I may redeem first to the reduction of any outstanding credit balance with the remainder, if any, to be returned to me.

Know when to stop before you start.®
Gambling problem?
Call 1-800-9-With-It. ©2005,
Harrah's License Company, LLC



HORSESHOE

CASINO • HAMMOND

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Ext. 5942

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ACKNOWLEDGMENT (SIGNATURE AS ON CHECKS)

REMOVE TO EXPOSE ADHESIVE (multiple instances)