CREDIT APPLICATION

(Fill out form and print)

☐ $500 ☐ $1,000 ☐ $1,500 ☐ Other _____

Name: _____
First Last Middle

Date of Birth: _____
Month Day Year

Social Security: _____

Address: _____
Street City State Zip

Residence Phone Number: _____

Business Phone Number: _____

Trump Card Number: _____

Anticipated Arrival Date: _____

Bank Account Information
Please note, only personal and sole proprietor business accounts are accepted.

Bank Name: _____

Address: _____
Street City State Zip

Account Number: _____

Release Authorization
I authorize Trump Plaza Associates to conduct an investigation into my credit worthiness. You are hereby authorized to release any and all information pertaining to said investigation, as request by employee, agent, or representative of Trump Plaza Associates. A photostatic copy of this certification will be considered as effective and valid as the original.

Customer Signature: (Signature as on checks)

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