



**ARUBA MARRIOTT RESORT & STELLARIS CASINO  
MARKER SIGNING PRIVILEGES APPLICATION**

**new customer**     **repeat customer**  
Please re-submit bank information if changes have occurred

Marriott Rewards:

**CUSTOMER INFORMATION**

Limit Requested \$   
(Minimum \$5,000)

Name: \_\_\_\_\_

Residence Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
Bus. Fax: \_\_\_\_\_

Bus. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Position: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Expected Arrival Date: \_\_\_\_\_ Expected Departure Date: \_\_\_\_\_

Mail To:    Home                       Office                       Alternate

Alternate Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**BANK ACCOUNT INFORMATION (Personal Checking Accounts Only)**

Primary Bank (1) Name, Branch and ABA# \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Personal Account #: \_\_\_\_\_

Primary Bank (2) Name, Branch and ABA# \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Personal Account #: \_\_\_\_\_

Marker Accounts at other casinos (list): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please note that the Stellaris Casino does not accept AMEX as a method of payment for gambling debts.

I give the Stellaris Casino and its representatives authorization to obtain and verify my financial information (including, but not limited to account balance information) from any source, obtain my financial and employment history and exchange information with others about my financial and account experience with the Stellaris Casino. I agree not to hold any of the entities responsible or liable for the information released, nor the Stellaris Casino for its use of any such information. I agree that the Stellaris Casino may retain and use the information on this application and any information it receives based on my authorization whether or not I am granted marker signing privileges.