



**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: _____

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.

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