



Credit Application

Bank Reference

Please print: _____ Date _____

Name _____ Soc. Sec. # _____

Home Address _____ City _____ State _____ Zip _____

Contact Number _____ E-mail _____

Business Name _____ Position _____ No. Yrs. _____

Business Address _____ Zip _____

Credit Limit Requested _____ Date of Birth _____ Mailing address: H / B _____

Game Type: (place an X) BJ _____ DI _____ RW _____ Poker _____ Slots _____

Drivers License # _____ State _____ Passport # _____

Sailing Date _____ Ship _____ Booking # _____

Personal Checking Bank Name _____ Contact _____

Bank Address _____ Bank Phone _____

Checking Account # _____ Routing # _____ Balance _____

| | |
|---------------------------|---|
| Bank use only | |
| Date account opened _____ | Average balance (# of months) _____ () |
| Low Moderate High 3 4 5 6 | Can sign alone ? _____ Personal/ Business/ Investment/ MM |

Secondary Bank _____ Contact Name _____

Address _____ Type of account: _____

Phone # _____ City _____ State _____ Zip _____

Account # _____ Check privileges: YES or NO (circle one)

Credit extensions during a cruise can only be authorized via CCCD office and are subject to normal banking/business hours and requirements

SIGNATURE IS REQUIRED IN BOTH BOXES (please send a copy of a voided check for each account)

1. This agreement shall be governed, construed and interpreted in all respects in accordance with the laws of the State of New Jersey. 2. The courts of the State of New Jersey shall have exclusive jurisdiction to hear and determine any claims or disputes pertaining directly or indirectly to this Agreement or to any matter arising there from. 3. Each of the parties to this Agreement hereby expressly submits and consents in advance to such jurisdiction in any action commenced by the other in the New Jersey Courts. 4. I/we the undersigned, agree(s) that in the event this extension of credit need be placed with an attorney or agency, I/we will pay all costs of collection, including but not limited to, a reasonable attorney's fee, interest at the maximum rate allowed by law, court costs, filing fees, and any bank fees incurred through appeal. 5. I/we the undersigned, agree to be jointly and severally liable for any and all extensions of credit made herein to Applicant and/or Co-applicant.

| | | | |
|----------------------|-------------|--|-------------|
| Signature (1) | Date | Signature (2) Co-applicant (if any) | Date |
| _____ | _____ | _____ | _____ |

I/we the undersigned, represent that all statements made by me/us in this Agreement are true and correct. I/we authorize Carnival Corporation or any of its affiliates to order a consumer bank report from a credit reporting agency or from the bank directly and to exchange pertinent information with others who may properly receive this information. I/we understand that any and all checks signed by me/us pertaining to this transaction may be micro-recorded, deposited and charged directly against any or all of the bank accounts designated above. I/we understand that knowingly providing false, inaccurate or misleading information on this Credit Agreement may subject me/us to criminal and/or civil liability.

| | | | |
|----------------------|-------------|--|-------------|
| Signature (1) | Date | Signature (2) Co-applicant (if any) | Date |
| _____ | _____ | _____ | _____ |

Please fax completed application along with copies of checks to Michael Bayona, 305-406-5737