

CALLINIC INICODALATION

Request Date:	Ship:		Booking #
Sail Date:	Group Name:		Stateroom #
Guest Name:			
	Last	First	Middle
Guest DOB:			
	MM/DD/YYYY		
Guest Address:			
Citv:	State:	Postal Code:	Country:
oney			
Bank Name:		Account Number:	
This should be the account of the check y		_	
Bank Address:			
~	Ct. I	5 116 1	
City:	State: _	Postal Code:	Country:
Amount Requested:		Preferred Games:	
Tillount Requestour			
I authorize Celebrity C	ruises and its agents to requ	est my credit history from Central	Credit as it pertains
to the above account i	nformation for the extension	of credit as a result of this applica	ation and for no other purpose.
Print Name		Signature	
Home Phone		Other Phone	

application. For further questions you may call one of our Fortune Casino representatives at 305-982-2880.

In order to open your credit line when you board the ship, you must provide the Casino Cashier a signed blank check, draw against it and settle at the end of the cruise.

All outstanding markers must be paid at the end of the cruise before any chips, tokens or tickets can be exchanged

Please fax to the attention of Fortune Casino at 305-982-2932.



