



NYS regulations requires us to maintain current account/contact information.
 Please complete and return this form, along with a copy of any licenses and tax exempt
 forms as soon as possible - Thank you! Date: _____

Club/Account Name: _____

Club/Account Phone: _____ Club/Account Fax: _____

Cell Business Home

Billing Contact: _____ Phone: _____ Email: _____

Tax Exempt: No Yes Exempt#: _____ Copy of Exempt Form Attached: No Yes

Billing Address: Email Mail Both Shipping Address: _____

Notes: _____

Games of Chance Account: Not Applicable

GOC License# _____ Copy of Form Attached: No Yes
Cell Business Home
 Purchasing Contact: _____ Phone: _____ Email: _____
 Dispenser Make/Model: _____ Special Event Date(s) _____
 25¢ _____ ct _____ t/t _____ pft% Strip Tickets: _____
 50¢ _____ ct _____ t/t _____ pft% Seal Cards: _____
 \$1 _____ ct _____ t/t _____ pft%
 Type/Count Preferred: _____ Current Supplier(s): _____
 Notes: _____

Bingo Account: Not Applicable

Bingo License# _____ Copy of Form Attached: No Yes
Cell Business Home
 Purchasing Contact: _____ Phone: _____ Email: _____
 Equip Make/Model: _____ Day/Time of Game: _____
 Ave Attend: _____ Hard Boards: No Yes Sheet Attached: No Yes
 Paper Type: _____ Extra Paper: _____
 Ups: _____ Ons: _____ Current Supplier(s): _____
 Notes: _____

Novelty Account: Not Applicable

Cell Business Home
 Purchasing Contact: _____ Phone: _____ Email: _____
 Ink Brand(s): _____ Size(s): _____
 Other Items: _____ Current Supplier(s): _____
 Notes: _____