

LG423 Distributor/Organization Sales Agreement for Pull-Tab Dispensing Device

Distributor Information

Distributor: _____ License Number **DI** _____
 Street Address: _____ City: _____ State: _____ Zip: _____

Organization Information

Organization: _____ License Number: _____
 Street Address: _____ City: _____ State: _____ Zip: _____

Pull-Tab Dispensing Device Description

New Used
 Date of Manufacture: _____ Model Number: _____ Serial Number: _____

Terms and Conditions of Sale

Price of pull-tab dispensing device (as reported on the Inventory and Discounts Report): \$ _____
 Sales tax: \$ _____
 TOTAL: \$ _____
 Annual cost of maintenance agreement, if any (attach copy of maintenance agreement). \$ _____
 Total cost paid by buyer due and payable within 30 days of receipt: \$ _____
 Other: _____

Governing Laws and Venue

This sales agreement shall be interpreted according to the laws of the state of Minnesota. Repossession effected through legal process shall be governed by the laws of the state of Minnesota. The venue for legal proceedings regarding this sale shall be St. Paul, Minnesota.

 Distributor Signature

 Print Name
 Title: _____
 Date: _____

 Organization Signature

 Print Name
 Title: _____
 Date: _____

Mail a copy of this sales agreement and the sales invoice within ten days of the sale to:
 Minnesota Gambling Control Board
 Suite 300 South
 1711 West County Road B
 Roseville, MN 55113

This publication will be made available in alternative format (i.e. large print, braille) upon request.

Data privacy notice: The information requested on this form and any attachments will become public information when received by the Board, and will be used to determine your compliance with Minnesota statutes governing lawful gambling activities.

Questions on this form should be directed to the Gambling Control Board at 651-539-1900.