

LG623 Manufacturer to Distributor Sales Agreement for Pull-Tab Dispensing Device

Manufacturer Information

Manufacturer:		License Number:	
Street Address:	City:	State:	Zip:

Distributor Information

Distributor:		License Number:	
Street Address:	City:	State:	Zip:

Pull-Tab Dispensing Device Description

New Used Date of Manufacture: _____ Model No.: _____ Serial No.: _____

Terms and Conditions of Sale

Price of pull-tab dispensing device (as reported on the pricing 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.

_____ Manufacturer Signature	_____ Distributor Signature
_____ Print Name	_____ Print Name
_____ Title	_____ Title
_____ Date	_____ 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

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

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.

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