



ILLINOIS COIN MACHINE OPERATORS ASSOCIATION

Phone: (815)416-0741 Fax: (815)585-4094 Website: www.icmoa.org

By submitting this application, the **Distributor** certifies that it has read, met, and agreed to all of the terms, conditions, and disclosures linked to this application. The Distributor certifies that it understands and agrees to pay a fee of \$1500 due upon receipt of your invoice that will be supplied to you once every month.

This is a month to month agreement. The agreement will be canceled if:

- 1.) Proof of license rejection by the Illinois Gaming Board.
- 2.) Proof that the applicant has withdrawn their application before the Illinois Gaming Board.

The Distributor acknowledges that it must provide all information requested in this application and certifies that all such information is true and correct. The representative certifies that he/she is executing this application on behalf of the Distributor and that he/she has the full authority to do so.

Representative Name: _____

Company: _____

Street Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

Sponsor Name: _____ Company: _____

(Required) Current Operator Member

Sponsor Signature: _____

All Major Credit Cards Are Accepted

Card Type: _____

Name on Card: _____

Company: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card #: _____ Card Type (MC, Visa, etc.): _____

Exp. Date: _____ 3 Digit Code on Back: _____

Paying by check, make payable and send to: ICMOA P.O. Box 167 Morris, IL 60450

This Agreement shall be governed by the laws of the State of Illinois. Any action arising out of or related to this Agreement shall be filed in the Seventh Circuit Judicial Court, Sangamon County, Illinois.

This agreement is subject to the approval of the Board of Directors of the ICMOA.

Representative Signature: _____ Date: _____

Thank you for submitting an application.

**Video Gaming Agreement
Distributor Application**