EZInstant
P.O. Box 455
Brunswick, Ohio 44212
Phone (216) 695-7599

NOTE:
This purchase may be
paid directly from your
Gaming Account
before disbursements

Purchase Order

Ship To:

1. Please fill out completely and send this Purchase Order and payment to EZInstant at the address listed above.

2. Enter this order in accordance with the prices, terms, delivery method, and specifications listed below.

**This program is licensed for installation on one (1) computer only. For installation to additional computers, you must purchase additional copies of the EZInstant+ software.

DESCRIPTION	QTY	COST	TOTAL
EZInstant + ** Instant and Traditional Bingo Manager Software		**$520.00**	
Liner Image Handheld Scanner		**$170.00**	
EZInstant+ Technical Support – 1 (one) Year / Renewable		**$200.00**	
Ohio Attach Tax Exempt Form or 6.75% Sales Tax		**Sales Tax**	
		Grand Total	

Organization / Business Information

Please note that your information will not be sold or distributed and will be used exclusively by EZInstant L.L.C.

Name of Organization / Business		
Address		
City	**State**	**Zip Code**
Phone Number		
Fax Number		
Contact Name / Title		
Email Address		

AUTHORIZATION   SIGNATURE   **DATE**

For Office Use Only

Customer Validation #	Version
Shipping Date	Date of Install

Representative Name	**Vendor #**
Address	
City **State**	**Zip Code**

BLANKET CERTIFICATION OF EXEMPTION

The undersigned hereby claims exemption to purchase of tangible property from **EZInstant LLC** on and after _____/_____/_____ and certifies that this claim is based upon the purchaser's proposed use of the item purchased, the activity of the purchaser, or both, as shown hereon:

5-b "A sale to an organization not-for–profit operated exclusively for charitable purposes in this State"

_____

Purchaser must state prescribed reason for claiming exemption or exception

This certification shall continue in force until revoked and shall be considered a part of each order given to the above name vendor unless the order specifies otherwise.

_____

Purchaser's name (print) and Signature   **Date**

_____

Purchaser's Activity (i.e. Veterans Organization, Fraternal Order, Church, etc.)

_____

Address

_____

EIN # or Sales Tax Exempt #