

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.

***These software programs are 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 POS ** Point of Sale Software | | \$620.00 | |
| EZInstant + Software – One (1) EZInstant+ required for Instant and Bingo Sales | | \$520.00 | |
| Liner Image Handheld Scanner | | \$170.00 | |
| EZInstant POS Technical Support – 1 (one) Year / Renewable | | \$600.00 | |
| Ohio Attach Tax Exempt Form or 6.75% Sales Tax | | Sales Tax | |
| | | Grand Total | |

| | |
|--|---|
| Organization / Business Information | <i>Please note that your information will not be sold or distributed and will be used exclusively by EZInstant L.L.C.</i> |
| 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 |

| | |
|---------------------|----------|
| Name Representative | 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 #