

Sales
Rep



- Charity
- Promo
- X-License
- Tribal

New Account Form
Organization Information

Organization Name: _____

License Number: _____

Gambling Manager Name: _____

Gambling Manager Phone: _____

Additional Contact Name (optional): _____

Additional Phone Number (optional): _____

Email Information

Email Address	Diskpost Rosepost	Invoice PDF	Monthly Statement	Bi-Monthly Statement

Email Diskpost or Rosepost: **Separate or Batch** Physical Diskpost or Rosepost: **Separate or Batch**

Option Information

Perpetual Inventory/LG847

Prize Receipts Stuffed? (*)

Daily Game Bank Log

Specials (!)

Audit Sheets

Flair Copy (@)

Choose One Below

Choose One Below-PRs over:

Prize Receipts

\$20

Prize Receipts-Hide Prize Values

\$50

Prize Receipts-Hide if 80%+

\$100

_____ Number of invoice copies (3 is default)

SPECIAL INSTRUCTIONS: _____

PLEASE ATTACH ALL PREISE PERMITS