

ELECTRONIC BINGO CARD SYSTEM Manufacturer Authorization Request

SECTION 1: MANUFACTURER INFORMATION

Manufacturer Name		Business Telephone Number	Business Website (if any)	
Business Address	City	State	ZIP Code	

SECTION 2: CONTACT INFORMATION

Manufacturer Contact Person	Title
Email Address	Contact Telephone Number(s)

SECTION 3: ELECTRONIC BINGO CARD SYSTEM (EBCS) INFORMATION

Name of the EBCS your business owns and would like to market to licensed suppliers in Michigan:
List the point-of-sale equipment and electronic bingo card minding devices used with the EBCS:

SECTION 4: REQUIRED DOCUMENTS

Submit the following for approval: <ol style="list-style-type: none"> a. Sample of the player receipt that will be printed through the EBCS. See receipt requirements in Charitable Gaming Directive No. 3.05.05. b. Sample of the Door Sales Report that will be printed through the EBCS. The Door Sales Report must be in the <u>same format and contain the same information</u> as the sample Door Sales Report attached to the directive. c. A copy of your proposed EBCS pricing schedule for licensed suppliers in Michigan. An authorized EBCS must be made available to any licensed supplier.
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SECTION 5: SUBMISSION INSTRUCTIONS

Submit this completed request form and the required documents by MAIL (Charitable Gaming Division, P.O. Box 30023, Lansing, MI 48909), FAX (517-267-2285), or EMAIL (cg-additional-info@michigan.gov).
If your business intends to provide the EBCS indicated in Section 3 directly to bingo licensees, then you must also complete and submit an EBCS Supplier Authorization Request form, which may be obtained from our website at www.michigan.gov/cg . Your business must be a licensed supplier and must receive bureau approval before providing an authorized EBCS to bingo licensees.
Additional information may be required after submitted documents have been reviewed. If you have any questions or need assistance, please contact our gaming specialist at (517) 335-5789.

SECTION 6: SIGNATURE

I CERTIFY that as the owner, shareholder, or officer of this business, I have read Charitable Gaming Directive No. 3.05.05 and agree to comply with the requirements for the authorization of the EBCS indicated in Section 3.		
Authorized Signature for Manufacturer	Print Name and Title	Date

BUREAU USE ONLY			
Comments	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;">Bureau Representative</td> </tr> <tr> <td>Date</td> </tr> </table>	Bureau Representative	Date
Bureau Representative			
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