



Schedule T – Notice of Agreement to Distribute Bingo Products

(Rev. 9/09)

WHO MUST SUBMIT THIS SCHEDULE

Schedule T must be submitted by an applicant for an original manufacturer license to disclose the licensed distributors who will handle their products for marketing in Texas and by an applicant for an original distributor license to disclose the manufacturers whose products they will market in Texas. This form may also be submitted by a licensed manufacturer or distributor to notify the commission of a new agreement to distribute bingo products, or the termination of an agreement that was previously disclosed.

FORM SUBMISSION

By mail: Charitable Bingo Operations Division, Texas Lottery Commission, PO Box 16630, Austin, TX 78761-6630 **Via Fax:** (512) 344-5142

FOR ASSISTANCE in completing this form, please call 1-800-BINGO-77 (1-800-246-4677) or visit our Web site at www.txbingo.org.

GENERAL INFORMATION

- Please type or print legibly.
- If the organization does not have an agreement to distribute bingo products with any licensed manufacturer or licensed distributor, as applicable, check the corresponding check-box. Once an agreement is reached, the commission must be notified within fourteen (14) days of the agreement.
- If this form is being used by a current licensee to notify the commission of the addition or removal of the manufacturer or distributor, list only the new organization or the organization being removed and check the applicable box.
- This form should be signed by a current officer, LLC member, sole owner or partner.
- Any changes to the information contained on this form must be submitted within fourteen (14) days of the change.

Name of Organization	Taxpayer Number
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We currently do not have an agreement to distribute bingo products with any licensed manufacturer or licensed distributor, as applicable. Once an agreement is reached, we will notify the commission within fourteen (14) days.

Add Remove

Name of Manufacturer or Distributor	Taxpayer Number	
Address		
City	State	Zip Code

Describe the products and their brand names that will be marketed. *(Attach additional sheets if necessary)*

Add Remove

Name of Manufacturer or Distributor	Taxpayer Number	
Address		
City	State	Zip Code

Describe the products and their brand names that will be marketed. *(attach additional sheets if necessary)*

The above information is true and correct to the best of our knowledge and belief.

sign here _____

Sole Owner, Partner, LLC Member or Officer of the Organization
Print Name and Title
Date