



Manufacturer or Distributor Notice of Agreement to Distribute

WHO MUST SUBMIT THIS FORM

This form 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: Texas Lottery Commission, Charitable Bingo Operations Division, 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 website at **txbingo.org**.

GENERAL INFORMATION

- Use black or blue ink.
- 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 ten (10) 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 ten (10) days of the change.

Name of Manufacturer or Distributor	Taxpayer Number	License Number (if applicable)

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 ten (10) days by resubmitting this form.

Add Remove

Name of Manufacturer or Distributor	Taxpayer Number	License Number (if applicable)
Mailing 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	License Number (if applicable)
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