



# ILLINOIS COIN MACHINE OPERATORS ASSOCIATION

Post Office Box 167

Morris, IL 60450

Ph: 815-416-0741 Fx: 815-364-0364 [www.icmoa.org](http://www.icmoa.org)

## Video Gaming Agreement

By submitting this Application, I certify that I have read, met and agreed to all of the Terms, Conditions and Disclosures linked to this Application. I further certify that I understand that the annual membership fee is \$6,000 payable in 12 equal payments of \$500 per month or a single payment of \$5400 and that I am obligated to pay the annual membership fee in full, regardless of whether I maintain my membership throughout the year and regardless of which payment option is selected. I understand that I must provide all information requested in the Application and I certify that all such information is accurate. I further certify that if I am executing this Application on behalf of a company, I have full authority to do so.

Representative: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

All Major Credit Cards Are Excepted

Card Type: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3 Digit Code on Back: \_\_\_\_\_

Or by check, make payable and send to:

ICMOA P.O. Box 167 Morris 60450

This agreement is subject to the approval of the Board of Directors of the ICMOA

**THANK YOU!**