



CERTIFICATION OF BUSINESS RELATIONSHIP

CASINO FACILITY OPERATOR: _____

APPLICANT: _____
(Applicant's Printed Name)

I, _____ (printed name), am authorized to complete and execute Business Agreements on behalf of _____ (Facility Operator). The applicant stated above has entered an agreement/contract to provide Gaming related goods or services to this facility operator or supplier. The applicant will provide the following Gaming related goods and/or services to this facility operator or supplier (describe in detail the goods and/or services to be provided:

Signature of Facility Operator Representative

Date

Printed Name

Title

NOTARY PUBLIC

The undersigned, a Notary Public in and for the County of _____, in the State of _____, certifies that the above-named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This _____ day of _____, 20____, and to which witness my hand and seal.

Notary Public

Printed Name

Stamp or Seal

My commission expires _____, 20____