

Location Legal Entity:		Effective Date:			
Location DBA Name:					
Phone:			Account Manager		
Email:		Phone:			
Address to be used for pays		Email:			
			Sales Contact:	ales Contact:	
Tenant or Landlord?			-		
If Tenant, lease end date:					
Term:					
Premises		Additional Entity (if applicable)		Per Trans. Fee	Flat Fee:
By signing below, Location conditions of the Location					
address as provided by Bit reference. Capitalized term agrees that it has read and Kiosk Placement Form is a	coin Depot is shall hav understand	from time to time (we the meaning set for s the terms set forth	"LMA"), which in the LMA.	s hereby incorports to the second sec	orated by wledges and
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reference. Capitalized term agrees that it has read and Kiosk Placement Form is a Owner: Signed: Lux Vending, LLC d/b/a E 2870 Peachtree Rd #327	coin Depot as shall hav understand accurate an	from time to time (re the meaning set for the state terms set forthed complete.	"LMA"), which is orth in the LMA. in the LMA and Location: Signed: Name:	s hereby incorpo	orated by wledges and tion in this
reference. Capitalized term agrees that it has read and Kiosk Placement Form is a Owner: Signed: Lux Vending, LLC d/b/a E	coin Depot is shall hav understand iccurate an	from time to time (re the meaning set for sthe terms set forth d complete.	"LMA"), which in the LMA. in the LMA and Location: Signed:	s hereby incorpout Location acknown that all information	orated by wledges and tion in this