



# Account Application

Date: \_\_\_\_\_  
Salesrep: \_\_\_\_\_

Thank you for your interest in Global Sales. Resale certificates are necessary for customers with retail businesses located in AZ, CA, FL, GA, HI and WA. **Fax or email to us your account application, resale certificate and a copy of your state business license.** Upon approval, we'll provide you with a Customer Account Number which you may use to place an order immediately. Please allow 72 hours to process your application.

## BUSINESS INFORMATION

Name of Business: \_\_\_\_\_ Re-Sale#: \_\_\_\_\_ State: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
Owner's Complete Name: \_\_\_\_\_ Federal ID/SSN: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Are you a TOPPS HTA store? :  No  Yes, with whom: \_\_\_\_\_  
Business is a:  Corporation  Partnership  LLC  Individual  Other (describe) \_\_\_\_\_  
 Commercial Delivery? Or  Residential Delivery?

\*\*AUTHORIZED BUYERS on this account: \_\_\_\_\_

## ADDITIONAL INFORMATION

Years in business: \_\_\_\_\_ Check Business type:  Hobby Store Front  Show Dealer  Internet  Other: \_\_\_\_\_  
How did you hear about Global Sales? Indicate which sales rep, website, catalog or person referred you to Global Sales.  
Sales Rep: \_\_\_\_\_ Internet: \_\_\_\_\_ Industry Catalog: \_\_\_\_\_ Word of Mouth: \_\_\_\_\_ Other: \_\_\_\_\_

Products of Interest:  Sports Cards  Games  Memorabilia  Toy & Figures  Entertainment Cards  Other \_\_\_\_\_  
Please list the best way(s) to reach you regarding Specials or Events. Please list 'Other' if different from above:  
 Phone  Fax  E-Mail Address: \_\_\_\_\_  Other: \_\_\_\_\_

**IN SUBMITTING THIS APPLICATION, Customer acknowledges that customer has reviewed and approved the Terms of Sale as posted on [www.globalsaleswholesale.com](http://www.globalsaleswholesale.com) and agrees to be bound by all such terms. Copies of current Terms of Sale may also be obtained by calling 310-828-7111 or by sending an e-mail to [sales@globalsaleswholesale.com](mailto:sales@globalsaleswholesale.com).**

CUSTOMER Signature: \_\_\_\_\_ CUSTOMER Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax this completed and signed application to (425) 513-9338 or email to [newaccounts@gtsdistribution.com](mailto:newaccounts@gtsdistribution.com) along with a copy of your resale certificate and a copy of your state business license. Please allow 72 hrs to process.

*** For Internal Use Only ***		MAS CUSTOMER ID#:	
Received (date):		By:	