



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?

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 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.

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 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:		