



# Account Application

Date Completed: \_\_\_\_\_

Preferred GTS Rep: \_\_\_\_\_

Thank you for your interest in GTS Distribution. Resale forms are necessary for all customers who live in a state with sales tax and can be found on the GTS website. Fax or email your **application, resale form and a copy of your state issued document** to 425-513-9338 or [NewAccounts@GTSDistribution.com](mailto:NewAccounts@GTSDistribution.com). Upon approval, you'll receive an Account Number which may be used to place an order immediately. Please allow up to 72 hours after receipt of paperwork to begin processing.

## BUSINESS INFORMATION

Name of Business: \_\_\_\_\_ DBA Name (if applicable): \_\_\_\_\_

Business is a  Corporation  Partnership  LLC  Individual  Other (describe): \_\_\_\_\_

Business Address: \_\_\_\_\_  Commercial or  Residential Delivery

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

Business Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

## ADDITIONAL INFORMATION

# of Years in Business: \_\_\_\_\_ Business is a  Store Front  Show Dealer  Internet  Breaker  Other: \_\_\_\_\_

**Store Front** is Upper Deck Approved Y/N: \_\_\_\_\_ Wizards of the Coast Approved Y/N: \_\_\_\_\_

Web Address: \_\_\_\_\_

**Products of Interest**  Sports Cards / Memorabilia  Supplies / Accessories  Toys / Figures  Entertainment Cards

Card Games  Board Games  Role Playing Games  Miniatures  Other (please specify): \_\_\_\_\_

**IN SUBMITTING THIS APPLICATION, Customer acknowledges that customer has reviewed and approved the Terms of Sale and Terms of Usage as posted on [www.GTSDistribution.com](http://www.GTSDistribution.com) and agrees to be bound by all such terms. Copies of current Terms of Sale and Terms of Usage may also be obtained by sending an email to [NewAccounts@GTSDistribution.com](mailto:NewAccounts@GTSDistribution.com).**

### CUSTOMER #1:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Business Title: \_\_\_\_\_ Date: \_\_\_\_\_

### CUSTOMER #2 (if applicable):

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Business Title: \_\_\_\_\_ Date: \_\_\_\_\_

**All paperwork must be hand signed and dated.**

<b>*** For Internal Use Only***</b>			
Received on:	By:	Customer Account #:	