



Account Application

Date: _____
 Salesrep: _____

Thank you for your interest in GTS Distribution. 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. Please Email to newaccounts@gtsdistribution.com or FAX to 425-513-9338.

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 or Residential Delivery?

**AUTHORIZED BUYERS on this account: _____

ADDITIONAL INFORMATION

| | | | | | | | | | |
|---|----------------------|----------------------|--|--------------------------------------|-----------------------------------|---------------------------------------|----------------------|--------|----------------------|
| Years in business: | <input type="text"/> | Check Business type: | <input type="checkbox"/> Hobby Store Front | <input type="checkbox"/> Show Dealer | <input type="checkbox"/> Internet | <input type="checkbox"/> Other: _____ | | | |
| How did you hear about GTS Distribution? Indicate which sales rep, website, catalog or person referred you to GTS Distribution. | | | | | | | | | |
| Sales Rep: | <input type="text"/> | Internet: | <input type="text"/> | Industry Catalog: | <input type="text"/> | Word of Mouth: | <input type="text"/> | Other: | <input type="text"/> |
| Products of Interest: <input type="checkbox"/> Sports Cards <input type="checkbox"/> Games <input type="checkbox"/> Memorabilia <input type="checkbox"/> Toy & Figures <input type="checkbox"/> Entertainment Cards <input type="checkbox"/> Other: _____ | | | | | | | | | |
| Please list the best way(s) to reach you regarding Specials or Events. Please list 'Other' if different from above: | | | | | | | | | |
| <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail Address: | | | <input type="checkbox"/> Other: _____ | | | | | | |

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 and agrees to be bound by all such terms. Copies of current Terms of Sale and Terms of Usage may also be obtained by calling the credit department at 425-212-9359 or by sending an e-mail to newaccounts@GTSDistribution.com.

CUSTOMER Signature: _____ CUSTOMER Signature: _____
 Print Name: _____ Print Name: _____
 Title: _____ Date: _____ Title: _____ Date: _____

Please fax this application to (425) 513-9338 and indicate (check below) the GTS Distribution LOCATION nearest you:

| | | | |
|----------------------------------|---|----------------------|-------------------|
| EAST COAST | | | |
| <input type="checkbox"/> GEORGIA | 1800 Wilson Way Ste 7, Smyrna, GA 30082 | Orders: 888-333-9500 | Fax: 770-333-9546 |

| | | | |
|-------------------------------------|---|----------------------|-------------------|
| WEST COAST | | | |
| <input type="checkbox"/> NOR CAL | 74 Bonaventura Dr, San Jose, CA 95134 | Orders: 800-255-5440 | Fax: 408-441-0173 |
| <input type="checkbox"/> WASHINGTON | 12428 Hwy 99 Ste 44, Everett, WA 98204 | Orders: 800-890-5456 | Fax: 425-347-1764 |
| <input type="checkbox"/> ARIZONA | 5002 S 40 th St Ste J, Phoenix, AZ 85040 | Orders: 888-323-1800 | Fax: 602-431-5934 |
| <input type="checkbox"/> SO CAL | 1060 N Batavia St Ste K, Orange, CA 92867 | Orders: 800-880-4447 | Fax: 714-940-0866 |
| <input type="checkbox"/> HAWAII | 1320 Kalani St Ste 216, Honolulu, HI 96817 | Orders: 808-841-0265 | Fax: 808-841-0271 |

| | | | |
|---|----------------------|--------------------------|----------------------|
| *** For Internal Use Only *** | | MAS CUSTOMER ID#: | |
| Received by GTS Distribution on (date): | <input type="text"/> | By: | <input type="text"/> |