



Account Application

Date: _____
 Salesrep: _____

Thank you for your interest in Global Sales. Resale certificates are necessary for all customers and appropriate forms can be found on our website. **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@globalsaleswholesale.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 Delivery? Or Residential Delivery?

**AUTHORIZED BUYERS on this account: _____

ADDITIONAL INFORMATION

Years in business	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 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: <input type="checkbox"/> Sports Cards <input type="checkbox"/> Memorabilia <input type="checkbox"/> Entertainment Cards <input type="checkbox"/> Supplies <input type="checkbox"/> Board Games <input type="checkbox"/> RPGs <input type="checkbox"/> Toy & Figures <input type="checkbox"/> Miniatures <input type="checkbox"/> Card Games (ex. Magic the Gathering, Yu-Gi-Oh!, Cardfight!!) <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 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: _____

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