

Account Application

Are you a? Store __ Hobby __ Other __ Show Dealer __ EBay Dealer __

Name of Business _____ Date _____

Mailing Address _____ Shipping Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Business Phone _____ Fax Number _____ Time at present address _____

Email _____ Person(s) who will place orders _____

Days/Hours Open: Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Is the business a: Sole Proprietorship _____ Partnership _____ Corporation _____ Years in Business _____

Sole Proprietor's Name _____ SS# _____

Or Fed Tax ID# _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Partner 1 _____ Address _____ City _____

SS# or Fed Tax ID# _____ Home Phone _____ State _____ Zip _____

Partner 2 _____ Address _____ City _____

SS# or Fed Tax ID# _____ Home Phone _____ State _____ Zip _____

If more than 2 partners - please list on back of this sheet and check here ().

Corporate Name _____ Year Inc . _____ State of Inc. _____

President _____ Fed Tax ID# _____

When you sign and return this application to us, you are authorizing us to receive and exchange credit information about your business. Applicant agrees to be liable for all company and/or individual charges and/or payment for all shipments. Should your bank charge us a fee on any of your checks you will be liable to repay us same. In the event of collection action and/or litigation to collect sums due, account applicant agrees to pay all attorney's fees, costs and expenses related to such actions, including appeal and post judgment enforcement if any.

Signature of Applicant (s) Title Date

We require photocopies/emails of one or more of the following:

1. Business License 2. Federal Tax ID Number 3. State Resale Tax Certificate Plus either your yellow page ad or current utility or phone bill

Are you a Topps HTA Account _____ If yes with who _____ What's Your Key # _____

Are you a Wizards of The Coast Premier Store? _____

Magazine Exchange Account # _____ Account Status _____ Date _____ By _____