



# 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, MI, PA 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](mailto: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: \_\_\_\_\_  
 Business is a:  Corporation  Partnership  LLC  Individual  Other (describe) \_\_\_\_\_  
 Commercial 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 GTS Distribution? Indicate which sales rep, website, catalog or person referred you to GTS Distribution.									
Sales Rep:	_____	Internet:	_____	Industry Catalog:	_____	Word of Mouth:	_____	Other:	_____
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](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 calling the credit department at 425-212-9359 or by sending an e-mail to [newaccounts@GTSDistribution.com](mailto: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 you'd like to purchase from:

EAST COAST			
<input type="checkbox"/> GEORGIA	1800 Wilson Way Ste 7, Smyrna, GA 30082	Orders: 888-333-9500	Fax: 770-333-9546
<input type="checkbox"/> MICHIGAN	3530 Lake Eastbrook Blvd SE, Grand Rapids, MI 49546	Orders: 616-940-4181	Fax: 616-940-3275
<input type="checkbox"/> PENNSYLVANIA	1302 North Sherman Street, Allentown, PA 18109	Orders: 484-765-0200	Fax: 484-765-0219

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 <sup>th</sup> 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

<b>*** For Internal Use Only***</b>		<b>MAS CUSTOMER ID#:</b>		
Received by GTS Distribution on (date):	_____	By:	_____	