

Disburst Account Application/Update

P.O. Box 141453
Columbus, Ohio 43214
Phone: (818)764-TOYS
Fax : (844)269-6583

1. GENERAL INFORMATION

APPLICANT'S LEGAL BUSINESS NAME:

TRADING AS

BILLING/MAILING ADDRESS:

SHIPPING ADDRESS (IF DIFFERENT)

Mailing Addressee

Shipping Addressee

Street Address or P.O. Box

Street Address

City State/Province Country Zip

City State/Province Country Zip

Store Phone Office Phone Fax

E-mail Address

Web Address

Is your shipping address zoned for commercial or residential use?

2. BUSINESS OPERATIONS

Type of Ownership (one) _____ Corporation LLC Individual Owner Partnership

Type of Operation (all that apply) Retail Store Retail Chain (# of Stores _____) Internet Subscriptions

Wholesale Comic Shows Catalog Other _____ (No Amazon or Ebay)

How long has this business been in existence? _____ years

How long have you owned this business? _____ years. How many stores do you operate? _____

Do you (one) Own Building Lease Building (Lease expires on ___ / ___ / ___) Monthly Rent or Mortgage \$ _____

Product Lines Carried (all that apply) Comics Graphic Novels Games Anime Designer Toys Prints Books Plush
 CCGs Other _____

I Intend To Order (all that apply) Comics Graphic Novels CCGs Designer Toys Anime Prints Books Plush

Order Intentions (one) I intend to place an order each month I intend to purchase from stock, periodically.

I would like to begin ordering in the month of _____ Estimated Amount at Retail \$ _____

How will you receive your orders? Pick-up at distribution center Shipped to Me

3. OWNER INFORMATION (Not Required for Credit Card Customers)

CAUTION: INCOMPLETE INFORMATION MAY RESULT IN DELAY OR NON-PROCESSING OF APPLICATION

• If individual owner, complete information below for owner and spouse.

• If partnership, complete information below for all partners. Total number of partners _____

• If corporation, complete information below for two largest shareholders. Total number of shareholders _____

• If LLC (Limited Liability Company), complete information below for two largest members. Total number of members _____

Name Title Percent Ownership Home Address (Street, City, State, Zip) Home phone Social Security# (Required)

Please indicate the names of any additional individuals who are eligible and authorized to make purchases on behalf of the owners listed above.

Name	Title	Name	Title
_____	_____	_____	_____
_____	_____	_____	_____

4. CREDIT INFORMATION (Not Required for Credit Card Customers)

Tax Returns and/or financial statements may be required for consideration of extended terms other than credit card payment.

BUSINESS REFERENCES-NO PERSONAL, CHARACTER OR PRE-PAY REFERENCES, PLEASE.

Company Name	Address	Telephone #	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BANK REFERENCES

Bank	Branch Address	Telephone #	Account #	Account Type
_____	_____	_____	_____	<input type="checkbox"/> Business or <input type="checkbox"/> Personal
_____	_____	_____	_____	<input type="checkbox"/> Savings or <input type="checkbox"/> Checking
_____	_____	_____	_____	<input type="checkbox"/> Business or <input type="checkbox"/> Personal
_____	_____	_____	_____	<input type="checkbox"/> Savings or <input type="checkbox"/> Checking

LEASE REFERENCE

Landlord	Street Address	City, State/Province, Zip	Telephone #
_____	_____	_____	_____

PERSONAL REFERENCE

Name	Street Address	City, State/Province, Zip	Telephone #
_____	_____	_____	_____

5. REQUIRED ATTACHMENTS (Not Required for Credit Card Customers)

Legible photocopies of the following are required with each Application

- Some form of photo identification (such as a Driver's License) for each owner listed in Section 3
- Your State Sales Tax License
- Your Business License

PLEASE NOTE: Fax your Attachments to (844)269-6583

6. APPLICANT AGREEMENT / BLANKET CERTIFICATE OF RESALE

All who appear in Section 3 "Owner Information" must also appear below.

This is to certify that I am licensed to do business in the State/Province/Country of _____, and that all material, merchandise, and/or goods purchased by Disburst after _____ is purchased for the purpose of resale as tangible personal property. This certificate shall be considered a part of each order which we shall place.

Purchaser's Name	Purchaser's Sales Tax Registration No
_____	_____
Street Address	_____

City	State/Province	Country	Zip
_____	_____	_____	_____

I attest that I am of legal adult age and am authorized to conduct business on behalf of the Applicant. My signature below authorizes you to conduct any business/personal investigation necessary in order to establish and maintain an account. I hereby certify that the information provided herein for the purpose of opening an account with your companies is true and correct. My signature also indicates that I have read, fully understand, and expressly acknowledge and agree to be bound by the Terms of Sale of Disburst, and that I have retained true & exact copies of these Terms of Sale for my records. I understand that I also may obtain Terms of Sale from any Disburst Customer Service Representative. Product is purchased on a strictly non-returnable basis. I also acknowledge that Disburst may use, and disclose to any person or entity, the information submitted herewith, for any legitimate business purpose. I consent that faxes of this application and faxes of my signature will be considered originals.

Applicant's Printed Name

Applicant's Signature (Do Not Use Title)

Date

Applicant's Printed Name

Applicant's Signature (Do Not Use Title)

Date

Applicant's Printed Name

Applicant's Signature (Do Not Use Title)

Date
