

Disburst Account Application / Account Update Form

P.O. Box 141453
Columbus, Ohio 43214
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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. APPLICANT AGREEMENT / BLANKET CERTIFICATE OF RESALE

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
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