



Account Application

Contact & Billing Information

Legal Business Name: _____

Common Business Name, if different: _____

Billing Street Address: _____

Billing City/State/Zip: _____

Shipping Street Address: _____

Shipping City/State/Zip: _____

Store Phone: _____ Best Contact Number: _____

Email Address: _____ Website: _____

Contact 1 Name & Title: _____

Contact 1 Phone: _____ Contact 1 Email: _____

Contact 2 Name & Title: _____

Contact 2 Phone: _____ Contact 2 Email: _____

Type of Business: Sole Proprietorship Partnership Corporation (State of inc.: _____)

Business owner or executive name & title: _____

Required Information

Please provide the following information:

- A copy of your business license or trade name registration – whatever your state issues.
- A photograph of the outside of your store, including your sign and front door/windows.
- Three photos of the inside of your store, showing that it is a store. A brief video is also OK.

Signature

By signing below, you represent that the above information and attached documents are correct and accurate and that you own or represent a brick-and-mortar game or hobby store in which you intend to sell products sold by FLGS Distribution. You further attest that you will not knowingly resell items purchased from FLGS Distribution to an Internet-only retailer. You may advertise such products on your own website and social media.

Name: _____

Signature: _____ Date: _____