

Distributor Authentication

**TOPPS HOME TEAM ADVANTAGE PROGRAM APPLICATION**

Yes! I want to be a part of the Topps Home Team Advantage Program. Please add the name of my Hobby store to the authorized listing to be used with this program. I understand that I must have a Hobby store location to participate in this program and that any misrepresentation will result in the immediate removal from this program.

Please print clearly store name and address below; the owner's name is to be printed at bottom of application.

STORE Name: \_\_\_\_\_

Cross reference any other business names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Store Hours: \_\_\_\_\_

\_\_\_\_\_

Name of Your Topps Wholesale \_\_\_\_\_

Hobby Distributor \_\_\_\_\_

Check all appropriate categories which identify your retail store:

Sports Cards  Entertainment Cards  Gaming  If Other, Identify \_\_\_\_\_

\_\_\_\_\_  
Signature/Store Owner

\_\_\_\_\_  
Store Owner's Name Printed

\_\_\_\_\_  
Date

We hereby represent and warrant that the above account is a Hobby Store. We expressly acknowledge that The Topps Company, Inc. is relying on such representation and warranty and that it may seek any and all relief available under law for any untruthful statement and misrepresentations we make hereunder.

\_\_\_\_\_  
Topps Wholesale Hobby Distributor

\_\_\_\_\_  
Topps Hobby Distributor Owner's Signature

\_\_\_\_\_  
Date