



# NEW ACCOUNT APPLICATION FORM

## 1. COMPANY DETAILS & BUSINESS OPERATIONS

Legal Business Name \_\_\_\_\_

Tax Number (if applicable) \_\_\_\_\_ License Number \_\_\_\_\_

Type of Ownership :  Sole Proprietor  Partnership  LLC  Public

Type of Operation (Check all applicable) :

Online (e-commerce)  Retail (Physical) Store  Mass Market (# of branches \_\_\_\_ )

Café & Entertainment  Other \_\_\_\_\_

Products (Check all applicable) :

Books  Comics & graphic novels  Gifts & cards & souvenirs  Arts & crafts

Toys  Puzzles  Tabletop games  Video games

Hobby products (statues, models, paints)  Other \_\_\_\_\_

How will you receive your order?

We will arrange the collection  We will use BGS' Shipping Service

Social media and online information :

Facebook \_\_\_\_\_ Instagram \_\_\_\_\_ Website \_\_\_\_\_

Ownership information (If more, attach on extra sheet) :

Name \_\_\_\_\_ Position \_\_\_\_\_

Email \_\_\_\_\_  Attached ID Copies Signature \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Email \_\_\_\_\_  Attached ID Copies Signature \_\_\_\_\_

## 2. CONTACTS

Authorized purchaser (to place orders)

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone/Mobile \_\_\_\_\_

Authorized Accountant (for payments)

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone/Mobile \_\_\_\_\_

Recipient of deliveries (to receive orders)

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone/Mobile \_\_\_\_\_

If any others, attach on extra sheet.



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## 3. ADDRESS

### Company Primary Address

Street Address \_\_\_\_\_  
 City \_\_\_\_\_ Country \_\_\_\_\_  
 Postal code \_\_\_\_\_ Phone # \_\_\_\_\_

### Billing address

Same as company primary address

Street Address \_\_\_\_\_  
 City \_\_\_\_\_ Country \_\_\_\_\_  
 Postal code \_\_\_\_\_ Phone # \_\_\_\_\_

### Shipping/Delivery address

Same as company primary address

Street Address \_\_\_\_\_  
 City \_\_\_\_\_ Country \_\_\_\_\_  
 Postal code \_\_\_\_\_ Phone # \_\_\_\_\_

## 4. ATTACHED DOCUMENTS

- Trade License
- ID card for each contact (must match all contact section)
- Tax Certificate (if applicable)

## 5. DECLARATION

I attest that I am of legal adult age and are authorized to conduct business on behalf of the company. My signature below authorizes Boardgame Space to conduct any business/personal investigation necessary in order to establish and maintain an account with the company either specifically named, or referred to, herein. I hereby certify that the information provided herein for the purpose of opening an account with Boardgame Space is true and correct. I am aware that the submission of this Account Application Form does not guarantee the approval and/or opening of an account with Boardgame Space. My signature also indicates that I have read, fully understand, and expressly acknowledge and agree to be bound by the Terms of Sale of Boardgame Space 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 Boardgame Space Representative. I also acknowledge that Boardgame Space may use, and disclose to any person or entity, the information submitted herewith, for any legitimate business purpose. I consent that faxes or scanned copies of this application and faxes or scanned copies of my signature will be considered originals.

Full Name \_\_\_\_\_ Signature \_\_\_\_\_  
 Position \_\_\_\_\_  
 Date \_\_\_\_\_ Company Stamp \_\_\_\_\_