



Application Supplied by Magazine Exchange, please phone us at 1-800-234-2004 with any questions. **Fax completed form to 541-476-1075.**

TOPPS HOME TEAM ADVANTAGE PROGRAM APPLICATION

Yes! I want to be 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 Magazine Exchange

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