

Larry Dennis Company  
6121 Midway Rd.  
Fort Worth, TX 76117



Tel: 817.222.9700  
Fax: 817.222.1457  
E-mail: LDCTX@ATT.NET

**New Account Set Up**

*(Please Print or Type)*

First Name	Middle Initial	Last Name
Company Name		
Address		
Address		
City	State	Zip
Phone No. (       )       -	Cell Phone (       )       -	Email (for receipt)
Type of Services Provided:		

**Credit Card Authorization Form**

Please charge my: ☐ Visa    ☐ Master Card    ☐ American Express    ☐ Discover

Name As On Credit Card:	Amount Authorized \$
Full Billing Address	
Authorized Signature	Today's Date
Credit Card No.	<input type="checkbox"/> Put my card on file
Expiration Date	CVC Code

**Please Fax or Scan/Email and Return**

**FAX 817-222-1457**

**TEXAS RESALE CERTIFICATE**

Name of purchaser, firm or agency		Phone (Area code and number)	
Address (Street & number, P.O. Box or Route number)			
City, State, ZIP code		e-mail address:	
Texas Sales or Use Tax Permit Number (or out-of-state retailer's registration number or date applied for Texas Permit)			
<div style="border: 1px solid black; width: 100px; height: 1.2em; display: flex; align-items: center;"> <span style="margin-right: 5px;"> </span> <span style="margin-right: 5px;"> </span> <span style="margin-right: 5px;"> </span> <span style="margin-right: 5px;"> </span> <span style="margin-right: 5px;"> </span> <span style="margin-right: 5px;"> </span> <span style="margin-right: 5px;"> </span> <span style="margin-right: 5px;"> </span> <span style="margin-right: 5px;"> </span> <span style="margin-right: 5px;"> </span> <span style="margin-right: 5px;"> </span> <span style="margin-right: 5px;"> </span> </div>		(must contain 11 digits if from a Texas permit)	

I, the purchaser named above, claim the right to make a non-taxable purchase for resale of the taxable items described below or on the attached order or invoice form:

Seller: **LARRY DENNIS COMPANY**

Street address: **6121 MIDWAY ROAD**

City, State, ZIP code: **FORT WORTH, TEXAS 76117** **PHONE (817) 222-9700**

Description of items to be purchased or on the attached order or invoice:

Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

The taxable items described above, or on the attached order or invoice, will be resold, rented, or leased by me within the geographical limits of the United States of America, its territories and possessions, in their present form or attached to other taxable items to be sold.

I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, lease or rental, I must pay sales tax on the items at the time of use based upon either the purchase price or the fair market rental value for the period of time used.

I understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease, or rental and, depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

sign here	Purchaser	Title	Date

This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.



**FAX 817-222-1457**

## **Larry Dennis Company**

**6121 Midway Rd. • Ft. Worth, TX 76117 • 817-222-9700**

**STOCKING DISTRIBUTOR OF UPHOLSTERY INTERIOR PRODUCTS • AUTO • FURNITURE • BOATS • RV'S • AIRCRAFT**

### **BUSINESS CREDIT APPLICATION**

Date: \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_

ZIP \_\_\_\_\_ OWNER / MANAGER \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT)

\_\_\_\_\_  
\_\_\_\_\_

CREDIT LINE REQUESTED \$ \_\_\_\_\_

#### **TRADE REFERENCES (FIVE REQUIRED)**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_

**BANK REFERENCE:**  
Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Officers Name \_\_\_\_\_

Please list the names if those signing on the bank account:

Name \_\_\_\_\_

Name \_\_\_\_\_

DL# \_\_\_\_\_

DL# \_\_\_\_\_

DOB \_\_\_\_\_

DOB \_\_\_\_\_

**ARE THERE ANY IMPENDING LAWSUITS AGAINST YOUR COMPANY AT THIS TIME?** \_\_\_\_\_

Terms are as follows: NET/10<sup>th</sup> of the month. Service charge of 1 ½% monthly when accounts reach 60 days past due. The undersigned authorizes inquiry as to credit information. We further acknowledge that credit privileges, if granted, may be withdrawn at any time.

x \_\_\_\_\_  
Name & Title

x \_\_\_\_\_  
Name & Title

***Service, Availability, and Quality***