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



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

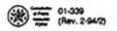
New Account Set Up

First Name	Middle Initial	Last Name
Company Name		I
Address		
Address		
City	State	Zip
Phone No.	Cell Phone	Email (for receipt)
()	() -	

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.	Put my card on file				
Expiration Date	CVC Code				

Please Fax or Scan/Email and Return



FAX 817-222-1457

TEXAS RESALE CERTIFICATE

lame of purchaser, firm or agency			Phone (Area code and number)		
Address (Street & number, P.O. B	ox or Route number)				
City, State, ZIP code		e-mail address:			
Texas Sales or Use Tax Permit No	mber (or out-ol-state retailer's registration nur	mber or date applied for Texas Permit	,		
	(must contain 11 d	ágits if from a Texas permit)			
	d above, claim the right to make the attached order or invoice for		r resale of the t	axable items	
Seller:	LARRY DENNIS COMP	ANY			
Street address:	6121 MIDWAY ROAD				
City, State, ZIP code:	FORT WORTH, TEXAS	76117	PHONE	(817) 222-9700	
Description of items to b	e purchased or on the attached ord	er or invoice:			
Description of the type o	of business activity generally engage	in or type of items normally	sold by the purch	haser:	
	bed above, or on the attached order s of America, its territories and posse	-			
	e any use of the items other than rete he items at the time of use based up				
purchased for use rather	riminal offense to give a resale certifi r than for the purpose of resale, leas isdemeanor to a felony of the secon	e, or rental and, depending on		-	
Sign Purchaser		Tide		Date	

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



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

BUSI	INESS CRE	DIT APPLICATION	Date:	
BUSINESS NAME				
ADDRESS		CITY	ST	
ZIP	OWNER / MANAGER			
TELEPHONE ()	FAX ()	YEARS IN BUSINESS	
MAILING ADDRESS (IF DIFFERENT)				
		CREDIT LINE REQUE	ESTED \$	
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 ()		
Please list the names if those signing on the bank	account:	Officers Name		
Name	Name_			
DL#	DL#			
DOB				
ARE THERE ANY IMPENDING LAWSUITS	A GAINST VO	NIR COMPANY AT THIS	S TIME?	

Terms are as follows: NET/10th of the month. Service charge of $1\frac{1}{2}\%$ 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.

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Service, Availability, and Quality