

# Texas Sales and Use Tax Resale Certificate

Name of purchaser, firm or agency as shown on permit	Phone (Area code and number)		
Address (Street & number, P.O. Box or Route number)			
City, State, ZIP code			
Texas Sales and Use Tax Permit Number (must contain 11 digits)			
<table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 100px; height: 20px; text-align: center;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> </div> </td> </tr> </table>		<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> <span style="width: 20px;"> </span> </div>	
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Out-of-state retailer's registration number or Federal Taxpayers Registry (RFC) number for retailers based in Mexico			
<table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 200px; height: 20px;"></td> <td style="padding-left: 20px;">(Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)</td> </tr> </table>			(Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)
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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) from:

Seller: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, ZIP code: \_\_\_\_\_

Description of items to be purchased 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 or within the geographical limits of the United Mexican States, 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.*

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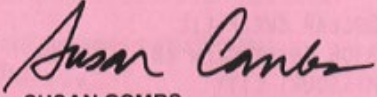
**This certificate should be furnished to the supplier.**  
**Do not send the completed certificate to the Comptroller of Public Accounts.**

# Copy of your Sales and Use Tax Permit

01-300  
#PUB  
FORM  
(Rev. 1-07/17)

## TEXAS SALES AND USE TAX PERMIT

*This permit is not transferable, and this side must be prominently displayed in your place of business.*

<p><i>Merchants: A copy of this permit does not replace a resale or exemption certificate. You will be responsible for sales tax unless you have a valid resale exemption certificate on file.</i></p>		<p><i>You must obtain a new permit if there is a change of ownership, location, or business location name.</i></p>	
TAXPAYER NAME, BUSINESS LOCATION NAME, and PHYSICAL LOCATION			
[REDACTED]			
[REDACTED]			
TX [REDACTED]			
NAICS CODE: [REDACTED]	DESCRIPTION ON NEXT LINE:	Type of permit	SALES AND USE TAX
Electronic Shopping		Taxpayer number	[REDACTED]
WE SHOW THIS BUSINESS IN THE FOLLOWING LOCAL SALES TAX AUTHORITIES:		Location number	[REDACTED]
CITY: [REDACTED]	EFF: 02/01/2012	First business date	02/01/2012
TRANSIT: [REDACTED]	EFF: 02/01/2012		
		 SUSAN COMBS Comptroller of Public Accounts	

YOU MAY NEED TO COLLECT SALES AND/OR USE TAX FOR OTHER LOCAL TAXING AUTHORITIES DEPENDING ON YOUR TYPE OF BUSINESS.



Where Price, Quality and Service Matters

PFC Furniture Industries, Inc.  
400 Industrial Drive#400  
Richardson, TX 75081  
Phone: (972) 231-7732

### Credit Card Preauthorization

I \_\_\_\_\_ (please print)  
authorize PFC Furniture Industries, Inc. to process my credit card as payment of  
furniture purchased (or to be purchased).

I understand this authorization will remain in effect until PFC Furniture Industries,  
Inc. has received written notice from me to discontinue use of the below  
documented credit card.

*Confidentiality: I understand that this information is being faxed to a secure fax  
number and will be kept in the confidential records of only PFC Furniture Industries,  
Inc. All credit cards transactions will be processed through Intuit Merchant Services,  
which uses SSL (Secure Socket Layers) to encrypt sensitive personal information.*

Cardholder's Name (Exactly as on card) \_\_\_\_\_

#### Credit Card Billing Address

Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Credit Card Type:  VISA  MASTERCARD  
(AmEx not accepted)

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
(Please print clearly)

CSV Number (3 digits on back of card) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Phone # \_\_\_\_\_  
(For electronic receipt when charge is processed)

Signature \_\_\_\_\_ Dated: \_\_\_\_\_  
(By cardholder)

**PLEASE FAX TO: 972-231-7738**



(972) 231-7732  
Fax: (972) 231-7738  
Website: www.PFCind.com

Price, Quality and Service Matter

**Instructions:**

Fax this completed form to (972) 231-7738.

Fax a clear copy of your drivers license

Fax a copy of your Resale Certificate

Fax a copy of your Signed Sales and Use Resale Certificate Form (see references on new dealer page)

For stores with multiple addresses, please include an attachment.

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**Store Info:**

Store Name: \_\_\_\_\_ How Long in Business: \_\_\_\_\_

Store Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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**Owners Info:**

Owner(s) Name: \_\_\_\_\_

Home Address Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Vendor References:**

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

# Copy of your Driver's License

