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NEW ACCOUNT APPLICATION

(entire Application & Resale Tax Certificate must be filled out in order to be processed)

Company Name:		_		
Billing Address: _		City:	State:	Zip:
If different; Shipp	ping Address:	City:	State:	Zip:
Phone:	Fax:	Contact Name:		
Type of Business_		Date Established:		
Social Security N	umber or Federal ID:			
Type of Entity: □Proprief	torship 🗆 Partnership 🗆 Corpor	ration 🗆 Other		
Type of Account I				
Card #:	Ex	p: Card Type:	Secu	rity code:
Billing add	dress for card:			
Signature	of cardholder:			
□ <u>C.O.D.</u>				
•	ected COD account, a credit card nu tee payment if check is returned by	-	1.	
Web Address:		E-mail address:		
KEY MANAGEN	IENT MEMBERS AND OWNERS	TITLE & PHON	NE #	
	ation is provided for the purpose of knowledge and belief, the informat			
Signature:	Title: be by official with bank signature au	Date:		
(Signature must b	e by official with bank signature au	(thority)		
			APPROVE	DE: D:

RESALE TAX CERTIFICATE

COMPANY NAME				
ADDRESS				
CITY	STATE	ZIP		
SALES TAX#	PHONE			

I HEREBY CERTIFY- THAT THE ABOVE NAMED COMPANY HOLDS A LIMITED SALES TAX PERMIT NUMBER, NOTED ABOVE, ISSUED PURUSANT TO THE LIMITED SALES, EXCISE AND USE TAX LAW, AND THAT THE TANGIBLE PERSONAL PROPERTY DESCRIBED BELOW WHICH WILL BE PURCHASED FROM YOU WILL BE RESOLD, RENTED OR LEASED BY US IN THE FORM OF TANGIBLE PERSONAL PROPERTY-, HOWEVER, IF WE MAKE ANY USE OF THE TANGIBLE PERSON PROPERTY OTHER THAN RETENTION, DEMONSTRATION OR DISPLAY WHILE HOLDING IT FOR SALE, LEASE OR RENTAL IN THE REGULAR COURSE OF BUSINESS, THE USE SHALL BE TAXABLE TO US AS OF THE TIME WHEN THE TANGIBLE PERSONAL PROPERTY IS FIRST USED, AND THE SALES PRICE OF THE TANGIBLE PERSONAL PROPERTY TO US SHALL BE DEEMED THE MEASURE OF THE TAX.

DESCRIPTION OF PROPERTY TO BE PURCHASED:

THE COMPTROLLERS RULING *NO. 5* PROVIDES THAT THE DESCRIPTION OF PROPERTY MAY INCLUDE: (1) EITHER AN ITEMIZED LIST OF THE PARTICULAR PROPERTY TO BE PURCHASED FOR RESALE, OR (2) A GENERAL DESCRIPTION OF THE KIND OF PROPERTY TO BE PURCHASED FOR RESALE.

DATE_			

BY_____

TITLE_____