



Updated Furniture Wholesale

2125 Exchange Dr, TX 76011

Order (817) 633-1110 | Fax: (817) 633-1111

Return Policy & Procedures

Updated make every effort to accurately pull your orders and commit to quickly correcting any error that may occur.

1. NO returns allowed for items that have been used or assembled in the showroom or at consumer's home. (No exceptions)
2. Have the following items ready:
 - a. Original packaging should accompany all returns.
 - b. Invoice number(s)
3. RMA number will be assign for each item return, repair or exchange at the PARTS department.
4. All items will be inspected at the warehouse locations.
5. Each claim is independently reviewed and processed according to the nature of the problem. We will not accept returned products under any circumstances after 30 days of received. All returns are subject to inspection.
6. All returns may be subject to a 15% restocking fee and return freight charges with the exception of defective products.

I have read and understood the above agreement.

_____ ✍

Customer's signature of Acknowledgement

Customer Code: _____ Date: ____/____/____



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NEW ACCOUNT FORM

Legal Business Name:					
Legal Business Address:					
City		State		Zip	
Cell phone:		Email			
Buyer Name:		Email			
Accountant Name:		Email			

Texas Resale Permit Number _____ (9-digit)

Federal TAX ID _____ (EIN Number)

- ☐ Do you have employees?
- ☐ Do you operate your business as a corporation or a partnership?
- ☐ Do you file any of these tax returns: Employment, Excise, or Alcohol, Tobacco and Firearms?
- ☐ Do you withhold taxes on income, other than wages, paid to a non-resident alien?

Additional required documentation required:

- ☐ Completed Texas Sales and Use Tax Resale Certificate
- ☐ Copy of Texas Resale Permit / Out of State Resale Permit
- ☐ Copy of valid Driver's License / ID
- ☐ Copy of Certificate of Occupancy
- ☐ *Copy of proof permit online (office use) see page 2

Please complete and email to dallas@GoUpdated.com or Fax to (817) 633-1111

If you have any questions please feel free to contact us at (817) 633-1110

----- [office use] -----

Received By: _____ Date: _____

Verified By: _____ Date: _____

Notes:-

* see page 2 for terms & conditions



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NEW ACCOUNT FORM ORDERING INFORMATION & TERMS

Return Procedures:

We make every effort to accurately pull your orders and commit to quickly correcting any error that may occur.

1. NO returns allowed for items that have been used or assembled in the showroom or at consumers home. **(No exceptions)**
2. Have the following items ready:
 - a. Original packaging should accompany all returns.
 - b. Invoice number(s)
3. RMA number will be assign for each item return, repair or exchange at the PARTS department.
4. All items will be inspected at the warehouse locations.
5. Each claim is independently reviewed and processed according to the nature of the problem. We will not accept returned products under any circumstances after 60 days. All returns are subject to inspection.
6. All returns may be subject to a 15% restocking fee and return freight charges with the exception of defective products.

Limited Warranty:

- Updated Furniture shall not be liable for any injury, loss or damage arising out of the use or inability to assemble any item sold by us. Our only obligation in lieu of all warranties expressed or implied is to replace any item proved to be defective.
- The user must determine the suitability of the product for its intended use for household use only, and assumes all risk in connection there with.
- Some items may **NOT** be exactly as shown in catalog or online.
- Prices are subject to change without notice.
- Policy may vary in different locations.

Notes: Account will be closed IF NO activities in 6 months

⇒ I have read and understood the above agreement

Customer's signature of Acknowledgement

Date: ____/____/____

New Account:

- All dealers must have current & valid resale tax permit to purchase from Updated Furniture; **(No exceptions)**
- Minimum order for the first four (4) orders;
Note: See location manager for details.
- Cash only for the first four (4) orders on all new accounts;
- Cash & carry or pre-paid;
- All returns will be store credit.

Self-Pickup:

- It is customer's responsibility to load all merchandise at the dock and secure their merchandise (**Updated Furniture is NOT responsible for loading or secure the merchandise**);

Shipping Order:

- All regular ground shipment or LTL has minimum \$600 for carrier shipped order.
- Freight must be arranged and paid for by customer.
- All drop shipping will be subjected to a palletizing and handling fee.
- If the shipment is lost or damaged, you may file a claim. All claims must be initiated within 10 days of the mailing date by contacting the original carrier or freight company.

Shortage:

- Claim of shortage of materials or products must be reported within 10 business days of receipt of the products/orders.
- A service/claim form must be completed in order to process your claim.
- Original packaging **MUST** accompany all returns.

Damaged Goods:

- Once received or during self-pickup, we ask that you promptly inspect your order. Any damages to the cartons or packaging of your order that are visible upon receipt should be noted on the paperwork when signing for the self-pickup or delivery. All claims of visible and /or concealed damage (within the cartons) should be reported to Updated Furniture within 10 business days.

Customer Code:

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)		Location	Begin Date
<div style="border: 1px solid black; width: 250px; height: 20px; margin: 5px 0;"></div>			
Out-of-state retailer's registration number or Federal Taxpayers Registry (RFC) number for retailers based in Mexico			
<div style="border: 1px solid black; width: 250px; height: 20px; margin: 5px 0;"></div>		(Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)	

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.



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Email: dallas@goupdated.com

CREDIT CARD AUTHORIZATION FORM

I _____ AUTHORIZE **UPDATED FURNITURE WHOLESALE LLC**
(NAME OF CREDIT CARD HOLDER)

TO CHARGE MY CREDIT CARD ON PURCHASE(S)

FOR _____
(COMPANY NAME)

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ 3-DIGITS (V-CODE): _____

CREDIT CARD STATEMENT / BILLING ADDRESS & ISSUE BANK PHONE NUMBER

TEL: _____

CARD HOLDER SIGNATURE: _____ **DATE:** _____

- COPY OF YOUR CREDIT CARD AND ID
- DRIVER LICENSE or ID CARD THAT MATCH THE NAME OF THE CARD HOLDER

DRIVER LICENSE or
GOVERNMENT ID

CREDIT CARD
SHOWS CARD NUMBER

XX/2021
XXXX XXXX XXXX XXXX

(please check one of the following options)

____ KEEP CARD ON FILE FOR ALL FUTURE PURCHASE (S)

____ ONE TIME CHARGE OF \$ _____ / ORDER/INVOICE# _____

**** PLEASE FILL THIS OUT EMAIL OR FAX IT BACK TO US AT (817) 633-1111**