

Customer Set-Up Form

Company Name:		DBA:	
Primary Address (storefront)			
City, State, Zip:		Country:	
Contact Name:			
Business Phone:		Cell Phone:	
Fax:		E-mail:	
Billing Address (if different from above)			
Accounts Payable/ Billing E-mail:			
Ship to Address (if different from above)			
Tax ID Number			
Tax Resale Number	IF ACCT REQUESTS TO BE TAX EXEMPT – YOU MUST ATTACH RESALE CERTIFICATE		
Website (if available)			

Please check the box that best describes your business:

- 01 – Licensed Flooring Contractor- (does not have a showroom)
- 02 – Licensed Flooring Contractor with showroom
- 03 – Account serving Production Builders
- 04 – Production Builder
- 05 – Commercial End User or Foreign Importer
- 06 – Flooring Retailer
- 07 – Architect or Designer (for samples only – no direct sales)
- 08 – Distributor, Vendor, or Employee
- 09 – Other – please explain
- 10 – Ceramic Tile Store (must do 100% tile business) 12 – Sport Floor Specialist/Contractor
- 13 – Carpet Installer
- 14 – Property Management

Please Note:

- Licensed Flooring Contractor must submit a copy of their state issued Contractor's License
- Retail Customers must submit a copy of their reseller's license and state issued Business License
- If you are part of a buying group, please provide group name here: _____

WE ARE UNABLE TO OPEN ACCOUNTS FOR GENERAL CONTRACTORS (B LICENSE)

OFFICE USE ONLY

Salesperson #:			
Salesperson Name:			
Requested By:			
Authorized By:		Date:	
Input By:		Date:	
Customer #:			