



CUSTOMER SET-UP FORM		
Company Name		
Complete Address		
City, State, Zip		
County		
Ship-to Address		
Tax Resale Number	IF ACCT REQUESTS TO BE TAX EXEMPT – YOU MUST ATTACH RESALE CERTIFICATE	
Contact Name		
Business:		Fax:
Cell:	()	E-Mail:
Customer Type: (See Below)		
OFFICE USE ONLY:	Salesperson #:	
	Salesperson Name:	
	Requested By:	
	Authorized By:	
	Date:	
	Input By:	
	Date:	
	Customer #:	

CUSTOMER TYPES

- 01 – C-15 Contractor (Does not have a showroom)
- 02 – C-15 Contractor with Showroom
- 03 – Builder Account
- 04 – Builder Direct
- 05 – Commercial/Export
- 06 – Retailer (may have a C-15 license BUT also has a store-front for consumers)
- 07 – Architect, Designers
- 08 – Vendors, Distributors, Employees
- 09 – Other
- 10 – Ceramic Tile Store (must do 100% ceramic tile business)
- 12 – Sport Floor Specialist/Contractor
- 13 – Carpet Installer
- 14 – Property Management
- 15 - National

Please Note:

- **C-15 Customers must submit a copy of their California issued Contractor’s License**
- **Retail Customers must submit a copy of their reseller’s license and California state issued Business License**

UNABLE TO OPEN TO GENERAL CONTRACTORS, (B LICENSE)