



Fax Complete form to: 562.941.8822 attn: Shenee Lowery

### Customer Set-Up Form

Company Name:		DBA:	
Street Address:			
City, State, Zip:			
Country:			
Ship-to Address:			
Tax Resale Number:		IF ACCT REQUESTS TO BE TAX EXEMPT – YOU MUST ATTACH RESALE CERTIFICATE	
Contact Name:			
Business phone:		Cell Phone:	
Fax:		E-mail:	
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

**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 #:			