

Green Label Plus Participant Account Information

Any change to information on this form requires an updated **Green Label Plus Participant Information Update** form to be submitted to The Carpet and Rug Institute, Inc.

		Date*									
Company Information											
All DBA or Division Names of the Company											
-											
Physical Address (Principal Place of Business – Displayed on Website and Certificate)											
		State / Province									
	Country / Region*										
Billing Address (If different than Physical Address)											
,		State / Province									
	Country / Region										
	Names of the Company (Principal Place of Bus	Names of the Company (Principal Place of Business – Displayed of Business – D	Names of the Company (Principal Place of Business – Displayed on Website and Company State / Province Country / Region* Gifferent than Physical Address) State / Province	Names of the Company (Principal Place of Business – Displayed on Website and Certificate State / Province Country / Region* different than Physical Address) State / Province	Names of the Company Country Region*						

Document Name: Green Label Plus Participant Account Information

Issue: 1

Supersedes: n/a Page 1 of 2

Approved By: PP&S
Date: May 15, 2025

Contacts / Roles										
	Primary Coordin	ator*	Auxi	liary Coordinator (Optional)		Billing Contact (Optional)				
First Name										
Last Name										
Job Title										
Work Phone										
Mobile										
Email										
	med above a subsid Company Informatior			complete	Yes		No			
What company na on the certificate(s	me should be used) and listing(s)? *									
Parent / Holding	Company Informati	on								
Company Name										
All DBA or Division Names of the Parent / Holding Company										
Phone										
Email										
Website										
Physical Address										
Address Line 1										
Address Line 2										
City	,			State / Province						
Zip / Postal Code	:	Country	/ Region							
Billing Address (If different than Physical Address)										
Address Line 1										
Address Line 2	!									
City	,			State / Province						
Zip / Postal Code		Country	/ Region		•					

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^{*} REQUIRED