

## **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												
<del>-</del>												
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: 2

Supersedes: Green Label Plus Participant Account Information (Issue1)

Approved By: PP&S
Date: June 19, 2025

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Contacts / Roles										
	Primary Coordinator*		Auxi	xiliary Coordinator			Billing Contact (Optional)			
First Name										
Last Name										
Job Title										
Work Phone										
Mobile										
Email										
Is the company na "Parent / Holding	amed above a subsid Company Informatior	iary? If ye n" section	es, please below. *	complete	Ye	s		No		
What company na on the certificate(s	me should be used s) and listing(s)? *									
Parent / Holding Company Information										
Company Name										
All DBA or Division Names of the Parent / Holding Company										
Phone										
Email										
Website										
Physical Address	5									
Address Line										
Address Line 2	2									
City	,			State / Province						
Zip / Postal Code	?	Country	/ Region		•					
Billing Address (If different than Physical Address)										
Address Line										
Address Line 2	2									
City	/			State / Province						
Zip / Postal Code	9	Country	/ Region		•					

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Green Label Plus Participant Account Information (Issue 1)

Approved By: PP&S Date: **June 19, 2025** 

<sup>\*</sup> REQUIRED