



## CertiPUR-US® Program Supplier Verification Form A

- Please fill out this form on behalf of any of the companies you supply certified foam or products containing certified foam to that want to register for permission to use the CertiPUR-US® trademarked name/logo/mark.
- There is no cost to you or your customer to register. Once registered, your customer's company and brands will be listed in the CertiPUR-US® online directory.
- Form A is used by CertiPUR-US® administrators, in strict confidence, to verify the supply chain and maintain the credibility and integrity of the program.

### Section 1: About Your Customer

Please provide information about your customer who is requesting permission to use the CertiPUR-US® name/logo/mark:

Customer Company Name: \_\_\_\_\_

Customer Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Website: \_\_\_\_\_

Customer Contact First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Customer Email: \_\_\_\_\_ Customer Phone: \_\_\_\_\_

### Section 2: Statement from Supplier/Distributor/Reseller

#### Check one:

- I represent a participating foam producer that manufactures and certifies foam through the CertiPUR-US® program and is listed here: [certipur.us/producers](http://certipur.us/producers).
- I represent a distributor/reseller of certified foam, or products containing certified foam, and my company is registered and listed here: [certipur.us/listings](http://certipur.us/listings). If your company is not listed in our online directory, your company must register before you can submit a Form A on behalf of your customer.

Contact First Name: \_\_\_\_\_

Contact Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Parent Company: \_\_\_\_\_

Other company names doing business as, if applicable: \_\_\_\_\_

# FORM A

## Section 2 (Cont): Statement from Supplier/Distributor/Reseller

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## Section 3: Statement of Verification

I hereby verify that \_\_\_\_\_ is purchasing one or more of the certified foam families checked below  
Name of customer company  
from the company I am authorized to represent: \_\_\_\_\_  
Name of supplier/distributor/reseller (your company name)

**Type of foam(s)** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Conventional foams                                    | <input type="checkbox"/> Viscoelastic (memory) foams   |
| <input type="checkbox"/> Conventional FR foams                                 | <input type="checkbox"/> Viscoelastic (memory) foams with gel  |
| <input type="checkbox"/> High resilience foams                                 | <input type="checkbox"/> Branded foams (any of the categories above with an exclusive branded name), specify _____ |
| <input type="checkbox"/> High support foams                                    | _____  |
| <input type="checkbox"/> Molded foams  | _____  |
| <input type="checkbox"/> Super-soft (low density/low index) conventional foams | <input type="checkbox"/> Other foams, specify _____  |

**I have entered my electronic signature below — or signed and submitted a copy of this document — and I understand that in either case my signature is legally binding.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print First Name: \_\_\_\_\_ Print Last Name: \_\_\_\_\_

**Submit this form online at [certipur.us/FormA](https://certipur.us/FormA) (preferred)**

or via email at [forms@certipur.us](mailto:forms@certipur.us) or fax at 248.659.1531

**Questions?** Contact [info@certipur.us](mailto:info@certipur.us)

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