



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.
- I represent a distributor/reseller of certified foam, or products containing certified foam, and my company is registered and listed here: certipur.us/directory. 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"/> Biobased foams | <input type="checkbox"/> Viscoelastic (memory) foams |
| <input type="checkbox"/> Conventional foams | <input type="checkbox"/> Viscoelastic (memory) foams with gel |
| <input type="checkbox"/> Conventional FR foams | <input type="checkbox"/> Branded foams (any of the categories above with an exclusive branded name), specify _____ |
| <input type="checkbox"/> High resilience 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 (preferred)

or via email at forms@certipur.us or fax at 248.659.1531

Questions? Contact info@certipur.us

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