



Account Setup Complex

FOR OFFICE USE ONLY: ACCT ID: _____ SALES REP: _____
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Select which company(s) to setup Floorcovering Carpet Cleaning / Restoration

Property Name

Address (Street) (City/State) (Zip)

Complex Phone Number Email

Manager Name

Property Management Company Name

Billing Information (check all that apply):

Tax Exempt. If so, please attach Reseller permit.