**GENERAL CLIENT INFORMATION**

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| **CLIENT INFORMATION** | | | | | | | | | | **PAYER INFORMATION** | | | | | | | |
| Company Name | Click to enter text. | | | | | | | | | Company Name | Click to enter text. | | | | | | |
| Company Street Address | Click to enter text. | | | | | | | | | Payer Street Address | Click to enter text. | | | | | | |
| City | Click to enter text. | | | State/Province | | | | Click to enter text. | | City | Click to enter text. | | State/Province | | Click to enter text. | | |
| Country | Click to enter text. | | | | | Postal Code | | | Click to enter text. | Country | Click to enter text. | | | Postal Code | | Click to enter text. | |
| Main  Telephone  Number | Click to enter text. | | | | MAIN FAX | | Click to enter text. | | | Accounting Telephone | Click to enter text. | | | | FAX | | Click to enter text. |
| Click to enter text. | | | | Company  Email | | Click to enter text. | | | Pay in Currency | USD  EURO  RMB   TWD  VND  TRY  INR | | | | EMAIL | | Click to enter text. |
| **Contact Names** | | | **Title** | | | | | **Telephone** | | **Mobile Phone** | | **Email Address** | | | | | |
| Click to enter text. | | | Click to enter text. | | | | | Click to enter text. | | Click to enter text. | | Click to enter text. | | | | | |
| Click to enter text. | | | Click to enter text. | | | | | Click to enter text. | | Click to enter text. | | Click to enter text. | | | | | |
| **Please select the service you require and fill out the questions regarding that service.** | | | | | | | | | | | | | | | | | |
| **STERILIZATION FACTORY INSPECTION**  (Travel/Lodging fees additional.)  Sterilization Factory Inspection (1-2 wash lines)  Sterilization Factory Inspection (3 wash lines)  Sterilization Factory Inspection (3 or more wash lines)  **LOCATION OF FACTORY INSPECTION**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Factory Name | | | | Click to enter text. | | | | | Address | | | Click to enter text. | | | | | | City | Click to enter text. | | | | | State/Province | Click to enter text. | | Country | | Click to enter text. | | | | Postal Code | Click to enter text. | | Factory Contact Name | | | | | Click to enter text. | | | | Factory Contact Email | | | | | Click to enter text. | | | | Factory Contact Mobile | | | | | Click to enter text. | | |   What materials are being sterilized? (Mark all that apply).   |  |  |  | | --- | --- | --- | |  | Feathers & Down | | |  | Wool | | |  | Animal Hair: | Click to enter text. | |  | Other: | Click to enter text. |   **USA - STERILIZATION PERMIT NUMBER**  This number identifies the factory location where the down/feather was sterilized. Each sterilization factory must have their own permit number. This number is required by 6 USA States to sell products in their state.  Please select what service you would like.  New Sterilization Permit  (This will require a Sterilization Factory Inspection)  UT 3-year Sterilization Re-Inspection Renewal  (This will require an on-site Sterilization Factory Inspection. Remote Inspection   by variance request only.)  Renewal - Sterilization Permit  (Please provide a copy of the current Sterilization Permit or renewal notice.)  Please mark the state(s) you wish to obtain a new/renewal of the Sterilization Permit Number. (Mark all that apply). | | | | | | | | | | **PA SECONDHAND BEDDING AND UPHOLSTERED ARTICLES**  **OR MATERIALS DISINFECTION INSPECTION**  **USA COMPANIES ONLY**  (Travel/Lodging fees additional.)  IDFL PA Disinfection Inspection  **LOCATION OF FACILITY INSPECTION**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Factory Name | | | | Click to enter text. | | | | | | Address | | | Click to enter text. | | | | | | | City | Click to enter text. | | | | | State | | Click to enter text. | | Country | | Click to enter text. | | | | Postal Code | | Click to enter text. | | Factory Contact Name | | | | | Click to enter text. | | | | | Factory Contact Email | | | | | Click to enter text. | | | | | Factory Contact Mobile | | | | | Click to enter text. | | | | | What products are being disinfected? | | | | | | | Click to enter text. | |   **State of PA - DISINFECTION PERMIT NUMBER**  This number identifies the factory location where the bed mattress was disinfected at. Each disinfection factory must have their own permit number. This number is required by the State of PA to sale, resale, rent, renovate to the public along with the correct disinfection tags on each recycled mattress.  Please select what service you would like.  New PA Disinfection Permit\*\*  (This will require a Disinfection Factory Inspection)  Renew PA Disinfection Permit  (Please provide a copy of the current Disinfection Permit or renewal notice.)  **TYPE OF BUSINESS**   |  |  |  |  | | --- | --- | --- | --- | |  | **Auctioneer** – Applies to a person engaged in the public sale of bedding or upholstered items. | | | |  | **An auctioneer must apply for both a registration and disinfection permit.** | | | |  | Department of State Auctioneer’s Number: | | | |  | AU | Enter No. | L | |  | Business name for which you are applying with this application must be the same as the name on the Auctioneer’s license. | | | |  | **Renovator/Upholsterer** – Applies to a person having articles  Received from an owner to which additional/filling has been  added and returned to the owner. | | | |  | **Rental Business** – Applies to a person that will be re-selling, renting  Or leasing articles. Every time an article is returned, it must be  disinfected prior to it being re-sold, rented or leased. | | | |  | **Secondhand Dealer** – Applies to a person selling articles which  have been previously owned. | | | | | | | | | | |
| Connecticut (CT)  City of Detroit (MI) | | Pennsylvania (PA)  Rhode Island (RI) | | | | | | Utah (UT)  Massachusetts (MA) | |