

DESIGNER REGISTRATION FORM

Please include your business card with the completed form at the time of registration.
All designers within the same firm are requested to register as a group. ****All fields are mandatory****

We look forward to working with you soon.

Company

COMPANY NAME

Address

STREET

CITY

PROVINCE/STATE

POSTAL CODE

Principal

FIRST NAME

LAST NAME

Contact

BUSINESS PHONE NUMBER

CELL PHONE NUMBER

EMAIL

WEBSITE

Trade
References

COMPANY NAME

CONTACT NAME

PHONE

YEARS WORKING WITH

COMPANY NAME

CONTACT NAME

PHONE

YEARS WORKING WITH

COMPANY NAME

CONTACT NAME

PHONE

YEARS WORKING WITH

Information required for tax purposes - Type of Business (select one)

Designer Discount cheque payable to: ****Must fill in either CRA# or SIN#****

☐ Company Name: _____

Corporation CRA Business No: _____

☐ Designer Name: _____

Sole Proprietor Social Insurance No: _____

Is your business registered for GST?

☐ Yes, GST Registration No: _____

☐ No

Is your business registered for PST?

☐ Yes, PST Registration No: _____

☐ No

Approval

NAME

DATE