



Designer Details

Designer Discount Application

Registered Company Name: _____

*Address: _____
Street Address *Apartment/Unit #*

_____ _____
City *State* *ZIP Code*

*Primary Phone: (_____) _____ Fax: (_____) _____

*E-mail / Username: _____

*Contact: _____ *Title: _____

3 Trade References that you are *currently* doing business with:

Co.: _____ Ph.: _____ Contact: _____

Co.: _____ Ph.: _____ Contact: _____

Co.: _____ Ph.: _____ Contact: _____

Are you a member of any design affiliation? Yes No

Please specify: _____

Number of years in design business: _____

*Signature of Company Representative:

* *Denotes required fields*

Please attach your business card and copy of your business license, and return to
Gabriel Ross, 2500 Rock Bay Ave., Victoria, BC, V8T 4R6
or Fax to 250 483 6437