



680 Rivermede Rd.  
Concord ON L4K 2h8  
T. 416.636.5495 F.906.669.9587  
www.AltModaFurniture.com

## Designer Registration Application

Please Fill out as much as possible. All information will be kept confidential.  
After form is complete please fax it to (905) 669 9587.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

---

Type Of Business :   - Sole Proprietorship  
                              - Corporation  
                              - Partnership

PST Exemption Number: \_\_\_\_\_

Years In Business: \_\_\_\_\_

Assosiation Membership: \_\_\_\_\_

Furniture Reference: (2 References of Companies that can confirm your Design Business):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Suscribe To Our Mailing List