

# Design Trade Program Application

## INFORMATION

Name

Name of Firm

Business Address

City/Province/Postal Code

Business Phone

Email

By checking here, I agree to receive emails from Crate and Barrel about promotions, events, special offers and surveys. I understand that I may withdraw my consent at any time. Crate and Barrel Canada Inc., 6060 Burnside Court, Mississauga, ON L5T 2T5. [crateandbarrel.ca](http://crateandbarrel.ca)

Please provide: a) a business card indicating your design profession or design firm website listing the applicant's name; and either b) a copy of your Business License or Resale Certificate; or c) the name of the professional design association to which you belong and your membership number.

Business License Number or Resale Certificate Number (circle which one you are providing)

Professional Design Association/Membership Number

To initiate enrollment in the Design Trade Program, please sign below and gather eligibility documentation. Submit documents to a store associate, email to [designtradeprogramca@crateandbarrel.com](mailto:designtradeprogramca@crateandbarrel.com), or fax to a Customer Service representative at 416.256.1374. Applicant's signature serves as confirmation that you have read, understood and fully accept and agree to the terms and conditions set forth in the accompanying Letter of Agreement. All documentation must be reviewed and approved by a Company representative prior to enrollment in the Design Trade Program.

Applicant's Signature

Date

*The Company reserves the right to change, expand, contract or cancel any terms and conditions on which the Design Trade Program is conducted and/or the attendant discount is provided, and to terminate such program and/or discount at any time. Such changes, expansion, contraction or cancellation may occur at the sole discretion of the Company, even without prior notice to the Design Trade Program member.*

## FOR OFFICE USE ONLY

Copy of Business Card/Website Address

Design Trade Program ID Card Issued

Copy of Business License or Resale Certificate

# \_\_\_\_\_

Copy of Professional ID/Membership Info

Copy of Letter of Agreement to Designer

Associate Name

Date

Associate: Please file once completed.