



DESIGNER/TRADE REGISTRATION

APPLICANT INFORMATION

First Name:		Last Name:	
Company Name:			
Street Address:		Unit:	
City:	Province:	Postal Code:	
Business Phone:	Home Phone:	Cell Phone:	
Fax:	Email:		

You may email me Bulletins and/or Promotions from Cocoon:

DESIGNATION

Click the box that indicates your designation.

Designer:	Decorator:	How Long?
Builder:	Stager:	
I'm a member of: CEDECA:		ARIDO:
Other Trade Membership – Please Specify:		

REFERRAL

Click the box or boxes that indicate how you discovered Cocoon.

Friend:	Newspaper Ad:	Magazine:
Online:	TV Show:	Other:

3 TRADE REFERENCES (WHOLESALE ACCOUNTS)

Trade Business Name	Contact Name	Phone

APPLICANT'S AUTHORIZATION

I authorize the verification of the information provided on this form.	Initials:
Date:	

OFFICE USE ONLY

References Verified:	Date:
Verified By Associate:	Assigned to Client Manager:

Please return completed application to the attention of Donna Sawden by either fax (905-829-4221) or via an attachment to an email to donna@cocoonfurnishings.ca.