

LIVINGSPACE

TRADE DISCOUNT APPLICATION

Company Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Main Contact Information:

Name: _____ / Title: _____

Phone: _____ / Email: _____

Other Contact Information:

Name: _____ / _____ / _____

Title: _____ / _____ / _____

Email: _____ / _____ / _____

P.S.T No. _____

G.S.T No. _____

Name: _____ / Title: _____

Signature: _____ / Date: _____

Please send application, along with a copy of your Company's business license, to:

LIVINGSPACE t 604 683 1116
188 Kingsway f 604 683 1164
Vancouver BC www.livingspace.com
V5T 3J2 shop@livingspace.com