



RESELLER APPLICATION

Name of the Company:			
Type of Business: Corporation	n Partnershi	p Prop	orietor
Are you exempt from: PST?	No TYes Exer	nption/PST#:	
GST?	No TYes Exer	nption/GST#:	
_	_		
Year Business Established:			
Type of Business: embroidery	/screen print shop	promotio	nal products distributor
marketing a	gency	other:	
Address:			
City:		tate:	
	Country:		
Website:			
Billing Address (if different from a	ahove).		
Address:	-		
	Province/State:		
Postal Code: Country:			
Authorized Purchasing Contact	s:		
Contact Name:			
Phone Number:		Fax:	
E-mail:			CURCOURTTO
Contact Name:			
Phone Number:			CURCOURTE
E-mail:			EMAIL NEWSLETTERS
Contact Name:			
Phone Number:			
E-mail:			SUBSCRIBE TO EMAIL NEWSLETTER:
			cts, please list them in an additional pag
Accounts Receivables			
Contact Person(s):			
Phone Number:			
E-mail:			

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