



Designer Rewards Program Registration Form

Date: _____

Designer's name: _____

Partner or Assistant: _____

Company name: _____

Address: _____

Tax ID#: _____

Company phone: _____

Cell Phone: _____

Fax: _____

Email: _____

Website: _____

Facebook and/or other social media page links:

Please fill out this form and fax back along with a current CRT-61 Resale Certificate (if applicable) and a completed IRS W-9 Form (if applicable) to:

Fax: 630-771-1420 - Thank you.