



DECORATING RESOURCE STUDIO INC.

Design Professional Profile

Name: _____

Business Name: _____

Business Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

Type of Business: _____

PST# _____ GST# _____

Please provide three supplier references:

1. NAME: _____
ADDRESS: _____
PHONE: _____ CONTACT: _____

2. NAME: _____
ADDRESS: _____
PHONE: _____ CONTACT: _____

3. NAME: _____
ADDRESS: _____
PHONE: _____ CONTACT: _____

Please fax to Decorating Resource Studio Inc. 519 434-1933