

NUANS Report Request Form

Contact Name: _____ Tel: () _____ Cell: () _____ Date: _____

1. Proposed Corporation Name

NUANS: one report for *ONTARIO* Incorporation: Regular Service: \$47.46 (\$42.00 + HST) Expedited Service available
(Note: with a maximum of three free preliminary checks, and one official NUANS report on your preferred order.)

NUANS: one report for *FEDERAL* Incorporation: Regular Service: \$47.46 (\$42.00 + HST) Expedited Service available
(Note: WITHOUT free preliminary check; please provide one name only.)

Profit corporation name must end with one of the following legal words. Please mark one you prefer to:

LIMITED

INCORPORATED

CORPORATION

LIMITEE

LTD.

INC.

CORP.

INCORPOREE

List your proposed corporation name (For Ontario name search, you could list up to three names in a preferred order below):

1) _____

2) _____

3) _____

2. When report is ready ...

➤ Are you going to pick up the NUANS report? YES (\$2.00 for each extra copy)

➤ Do you require email back the NUANS report? YES (Computer printout is acceptable by the Companies Branch)

Your Email Address: _____ (NUANS report is in PDF format)

➤ Do you require fax back the NUANS report? YES (Only a CLEARFax copy is acceptable by the Companies Branch)

Your Fax number: _____ Attention: _____

3. Payment by Major Credit Cards

You need provide us your credit card information for any fax-in order for NUANS report.
Your NUANS report Fees will be charged on this card.

CARD HOLDER'S NAME and SIGNATURE: _____ VISA MasterCard American Express

First Name: _____ Middle Initial: _____ Last Name: _____

Card Number: |__|__|__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__| Expire Date: |__|__| / |__|__|

The Cardholder Signature: **X** _____
Please *sign here* to acknowledge by fax or email this order and agree to pay by the credit card.