

NUANS Report Request Form

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

1. Proposed Corporation Name

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

NUANS: one report for *FEDERAL* Incorporation: Our Service Fee: \$47.46 (\$42.00 + HST)
(Note: the preliminary search only shows whether the proposed name is taken or not; it does not guarantee the name will be approved ; 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. Please provide your email address

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

3. Payment by Email Money Transfer

Please send the EMT to info@bestontario.com

Please leave your name & phone number in the message

4. 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: |__|__| / |__|__|

Security Code: _____

The Cardholder Signature: **X** _____

Please *sign here* to acknowledge by fax or email this order and agree to pay by the credit card.