

8111 Jane Street, Unit 3, Upper Level, Concord, Ontario, L4K 4L7 Tel: (416) 977-8595 (416) 977-9640

ONTARIO NUANS Report Request Form

Contact Name:	Tel: ()	C	ell: ()	Date:
Proposed Corporation Name						
NUANS for <i>ONTARIO</i> Incorporation: Our Service Fee: \$47.46 (\$42.00 + HST) (Note: We offer up to three free preliminary name checks. One official NUANS report will be ordered for the first available name. Please list your proposed names in order of preference. .)						
A business corporation name must end with one of the following legal terms. Please select your preferred option below:						
☐ LIMITED ☐ LTD.	☐ INCORPORATED☐ INC.)	CORPOR	ATION		☐ LIMITEE ☐ INCORPOREE
Please list your proposed corporation names:						
1)						
2)						
3)						
2. Please provide your email address Your Email Address:						JANS report is in PDF format)
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	d SIGNATURE:		□VISA	☐ Mas	sterCard	☐ American Express
First Name:		Middle Init	ial:		Last Nar	me:
						re Date:
		Security Code:				
The Cardholder Signature: X Please sign above to acknowledge this order and authorize payment by credit card.						