

8111 Jane Street, Unit 3, Upper Level, Concord, Ontario, L4K 4L7

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NUANS Report Request Form

Contact Name:	Tel: (C	ell: ()	Date:
1. Proposed Corporation N	ame			
NUANS: one report for <i>ONTARIO</i> (Note: with a maximum of three fre		ervice Fee: \$47.46 ne official NUANS i		eferred order.)
NUANS: one report for <i>FEDERAL</i> (Note: the preliminary search only name will be approved; please properties or profit corporation name must end with LIMITED	shows whether the propose ovide one name only.)		not; it does not g	•
List your proposed corporation name (For Ontario name search, ye	ou could list up to th	nree names in a p	oreferred order below):
1)				
2)				
3)				
2. Please provide your emailYour Email Address:3. Payment by Email Month				_ (NUANS report is in PDF format)
Please send the EMT to info@besto	ontario.com			
Please leave your name & phone number	per in the message			
4. Payment by Major Cred	it Cards			
You need provide us your credit card in Your NUANS report Fees will be charge		er for NUANS repo	rt.	
CARD HOLDER'S NAME and S	IGNATURE:	□VISA	☐ MasterCa	ard American Express
First Name:	Middle	Initial:	Las	st Name:
Card Number: _	_ _			Expire Date: /
				Security Code:
The Cardholder Signature: $\mathbf{X}_{\underline{}}$	ase <i>sign here</i> to acknow	ledge by fax or en	nail this order a	and agree to pay by the credit card