425 University Avenue, Suite 403, Toronto, Ontario, Canada M5G 1T6
Tel: (416) 977-8595 (416) 977-9640 Fax: (416) 977-8313
Website: http://www.bestontario.com Email: info@bestontario.com

Ontario Business Name Registration (Trade Name)

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

1. Proposed Business Name ☐ *NEW* ☐ *RENEWAL* ☐ *AMENDMENT* ☐ *CANCELLATION*

2. Address of Principal Place of Business in Ontario

Suite/Apt./Unit: Street No. & Name:

City: Province: *ONTARIO* Postal Code: Business Phone: ( )

3. Brief Description of Business

4. Corporation Information Jurisdiction in which the Corporation was incorporated: ☐ *ONTARIO* ☐ *FEDERAL*

Corporation Full Legal Name:

Ontario Corporation Number: Address of Head or Registered Office of the Corporation:

Suite/Apt./Unit: Street No. & Name:

City: Province: ☐ *ONTARIO* Postal Code: Business Phone: ( )

5. Mailing Address of Registrant ☐ *Same as principal place of business address* OR ☐ *Same as corporation address*

6. Name of Person Authorizing this Registration (one of the Director of Incorporation)

First Name: Middle Initial: Last Name:

7. When Business Name is ready …

- Do you require fax back the Business Name? ☐ *YES* Fax: Attention:
- Do you require email back the Business Name? ☐ *YES* E-mail:
- Are you going to pick up the Business Name? ☐ *YES* ☐ *NO* (Your business name will mailed back via regular mail.)

8. Payment by Major Credit Cards **(all prices include Government fee, Service fee and HST)**

Choose Filing Method: ☐ **$122.15** *Electronic filing (For New registration only)* OR ☐ **$142.15** *Manual filing (For New or Renewal)*

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.

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