8111 Jane Street, Unit 3, Upper Level, Concord, Ontario, L4K 4L7
Tel: (416) 977-8595 (416) 977-9640
Website: 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 Company Key: Address of Head or Registered Office of the Corporation:

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

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

5. Ontario Company Key: ☐ Please obtain the key on my behalf ($95.00) ☐ I will obtain the key myself

6. Name of Person Authorizing this Registration (one of the Directors of the corporation)

First Name: Middle Name: Last Name:

7. Please provide your email address:

8. Payment Options

a. Government Fee:For New Registration & Renewal:$60.00 ; Our service fee $155+HST ; Total amount: $235.15

b. Government Fee:For Amendment & Cancellation:$0.00 ; Our service fee $155+HST ; Total amount: $175.20

☐ Payment by Credit Cards: ☐ *Payment by Email Money Transfer (* **EMT)**

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 to this order and agree to pay by the credit card.

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Authorization for Documents Filing to Service Ontario

I, _____
(First name, Middle names and Surname)

address for service

_____
(Street & No. or R.R. No., Municipality, Province, Country & Postal Code)

am

☐ *Owner of the Sole-Proprietorship*

☐ *Director of the Corporation*

☐ *other individual having knowledge of the affairs of the Company*

(Check appropriate box)

operating as business name:

_____

(Business Name)

I hereby authorize BEST ONTARIO INC. to serve as my representative and to conduct business on my behalf with Service Ontario - Business Registry.
I authorize Service Ontario to release information from my file.
I certify that the information set out hereafter, is true and correct.

_____
(Signature of the Authorizing Person)

By signing this form, you acknowledge that you have relevant knowledge and that you are authorized to submit this form.