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Website: http://www.bestontario.com Email: info@bestontario.com

Ontario Business Name Registration Order Form (Sole Proprietorship / Partnership)

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

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

2. Type of Registrant ☐ *Sole Proprietorship* ☐ *General Partnership (need second page)*

3. Address of Principal Place of Business in Ontario

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

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

4. Brief Description of Business _____

5. Registrant Information

FIRST

First Name: Middle Initial: Last Name:

☐ *Same as business address* Suite: Street No. & Name:

Canadian/Permanent Resident: ☐ *Yes* ☐ *No* Postal Code: City: Province: ☐ *ONTARIO*

Note: *If you have more registrants, please write on the next page.*

6. Mailing Address of Registrant ☐ *Same as principal place of business address* OR ☐ *Same as registrant address*

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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