

# Ontario Business Name Registration Order Form (Sole Proprietorship)

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. Registrant Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Same as business address    Suite: \_\_\_\_\_ Street No. & Name: \_\_\_\_\_  
Canadian/Permanent Resident:  Yes  No    Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ Province:  *ONTARIO*

**5. Mailing Address of the business**     Same as principal place of business address OR     Same as registrant address

**6. Please provide your email address**

Email: \_\_\_\_\_

Government Registration & Filing Fee: \$96.95 (New Registration & Renewal); Our service fee: \$75.00+Hst

**7. Payment Options**                                  (all prices include Government fees, Service fee and HST)

Payment by Credit Card     \$181.70 Electronic filing (For New registration & Renewal)    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 by fax or email this order and agree to pay by the credit card.

## 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 Corporation*

(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.**