

Ontario Business Name Registration Order Form (General Partnership)

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

1. Proposed Business Name NEW RENEWAL AMENDMENT CANCELLATION

2. Type of Registrant Individual Partners Corporation Partners

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. Mailing address for the Business

Same as business address Suite: _____ Street No. & Name: _____

Postal Code: _____ City: _____ Province: *ONTARIO*

6. Please provide your email address

E-mail: _____

Government Registration Fee: \$60.00(New Registration), \$80.00(Renewal); Our Service Fee: \$75+Hst

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

Choose Filing Method: **\$144.75** *Electronic filing (For New registration only)* OR **\$166.25** *Manual filing (For Renewal)*

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.

Ontario Business Name Registration - Individual Partners -

Name and Address for Service of Individual Partners

FIRST	First Name:	Middle Initial:	Last Name:
	<input type="checkbox"/> <i>Same as business address</i>	Suite:	Street No. & Name:
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code:	City:

SECOND	First Name:	Middle Initial:	Last Name:
	<input type="checkbox"/> <i>Same as business address</i>	Suite:	Street No. & Name:
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code:	City:

THIRD	First Name:	Middle Initial:	Last Name:
	<input type="checkbox"/> <i>Same as business address</i>	Suite:	Street No. & Name:
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code:	City:

FORTH	First Name:	Middle Initial:	Last Name:
	<input type="checkbox"/> <i>Same as business address</i>	Suite:	Street No. & Name:
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code:	City:

FIFTH	First Name:	Middle Initial:	Last Name:
	<input type="checkbox"/> <i>Same as business address</i>	Suite:	Street No. & Name:
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code:	City:

Print name of person authorizing this registration: _____

Authorizing Person Signature: _____

Ontario Business Name Registration - Corporation Partners -

Name and Address for Service of Corporation Partners

FIRST	Corporation Name:	Director Name:		
	<input type="checkbox"/> Same as business address	Suite:	Street No. & Name:	
	Postal Code:	City:	Province: <input type="checkbox"/> ONTARIO	

SECOND	Corporation Name:	Director Name:		
	<input type="checkbox"/> Same as business address	Suite:	Street No. & Name:	
	Postal Code:	City:	Province: <input type="checkbox"/> ONTARIO	

THIRD	Corporation Name:	Director Name:		
	<input type="checkbox"/> Same as business address	Suite:	Street No. & Name:	
	Postal Code:	City:	Province: <input type="checkbox"/> ONTARIO	

FORTH	Corporation Name:	Director Name:		
	<input type="checkbox"/> Same as business address	Suite:	Street No. & Name:	
	Postal Code:	City:	Province: <input type="checkbox"/> ONTARIO	

FIFTH	Corporation Name:	Director Name:		
	<input type="checkbox"/> Same as business address	Suite:	Street No. & Name:	
	Postal Code:	City:	Province: <input type="checkbox"/> ONTARIO	

Print name of person authorizing this registration: _____

Authorizing Person Signature: _____
