

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 & Filing Fee: \$105.00 (New Registration); Our Service Fee: \$75+Hst

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

By Credit Cards: **\$189.75** *Electronic filing (For New registration or Renewal)* By EMT (*Email Money Transfer*)

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"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	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"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	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"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	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"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	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"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	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: _____

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.