

425 University Avenue, Suite 403, Toronto, Ontario, Canada M5G 1T6 Tel: (416) 977-8595 (416) 977-9640

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

Co	ontact Name:	Tel:	()		Cell: ()	Date:	_
1.	Proposed Business Name		[□ NEW		RENEWAL	AMENDMEN	T CANCELLATION]
2.	Type of Registrant] Sole	Proprietor	ship		General Partnersh	nip (need second page)	_
3.	Address of Principal Place	of Busin	ess in	Ontari	o				
Suite/Apt./Unit: Street No.		et No. & Na	me:						_
Cit	y: Pro	vince: ONT	ARIO	Postal	Code:		Business	Phone: ()	_
4.	Brief Description of Busine	ss							
5.	Registrant Information								_
	First Name:		Middle Initial:						
FIRST	Same as business address Sui	te:	Street No. & Name:						_
		nadian/Permanent Resident: Yes No You have more registrants, please write on the I		al Code: ge.		City:		Province: ONTARIO	<u>)</u>
6.	Mailing Address of Registra	ant [] Same	e as princip	nal plac	e of business	address OR [] Same as registrant addres.	S
7.	When Business Name is rea	ıdy							
>	Do you require fax back the Business	Name?		<i>ES</i> Fa	X:		Atten	tion:	_
>	Do you require email back the Busines	s Name?		ES E-	mail:				_
>	Are you going to pick up the Business	Name?		ES [] NO	(Your busines	ss name will mailed	l back via regular mail.)	
8.	Payment by Major Credit C	ards			(all p	orices inclu	de Government	fee, Service fee and HST)
Ch	oose Filing Method: \$133.45 Elec	ctronic filing	(For Ne	w registrai	ion onl	<i>y)</i> OR [\$153.45 Ma	nual filing (For New or Rene	vai
C/	ARD HOLDER'S NAME and SIGN	IATURE:] VISA	M	asterCard] American Express	
Fir	rst Name:		Midd	lle Initial:			Last Name:		
Ca	ard Number: _ _	_ _	_	_ _			Expire D Security	ate: _ / Code:	
Th	he Cardholder Signature: $old X$	sign here t	o ackno	owledge b	y fax o	or email this	order and agree	to pay by the credit card.	

Fax: (416) 977-8313