

8111 Jane Street, Unit3,Second Floor, Concord,Ontario, Canada M5G 1T6 Tel: (416) 977-8595 (416) 977-9640

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

## Ontario Business Name Registration Order Form (Sole Proprietorship)

Contact Name:	Tel: (	)	Cell: (	)	Date:	
1. Proposed Business Name		□ NEW [	RENEWAL	AMENDM.	ENT 🗌 CA	NCELLATION
2. Address of Principal Plac	e of Business in	n Ontario	)			
Suite/Apt./Unit:	Street No. & Name:					
City:	Province: ONTARIO	Postal	Code:	Busine	ess Phone: (	)
3.Brief Description of Busin	ess					
4. Registrant Information						
First Name:	Middle Name:			Last Name:		
Same as business address	Suite: Stre	et No. & Nar	ne:			
Canadian/Permanent Resident:	Yes ☐ No Pos	tal Code:	Ci	ty:	Province:	☐ ONTARIO
5. Mailing Address of the bu 6. Please provide your emai Email:	_	e as principa	I place of busines	s address OR	∐ Same as re	egistrant address
GovernmentRegistration & Filing Fee:	\$115.00 (Ne w Regis	stration & Re	enewal) ; Our ser	vice fee \$118.65		
7. Payment Options	(all pri	ces include	Government fo	ees, Service fee	and HST)	
Payment by Credit Card			)	Payment by E	Email Money Tra	ansfer (EMT)
CARD HOLDER'S NAME and SIG	GNATURE:		VISA	MasterCard	☐ Amer	ican Express
First Name:	Mid	dle Name:		Last Name	<u>:</u>	
Card Number:   _	_				Date:   _ ty Code:	
The Cardholder Signature: $\mathbf{X}_{\underline{}}$	se <i>sign here</i> to ackn	owledge by	fax or email th	is order and agre	e to pay by th	e credit card.



8111 Jane Street, Unit 3, Upper Level, Concord, Ontario, L4K 4L7

Tel:(416)977-8595 (416)977-9640 Website: www.bestontario.com Email: info@bestontario.com7-8313

## **Authorization for Documents Filing to Service Ontario**

l,	
(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 appropriat	te 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)	
(Signature of the Mathemating Forson)	
r signing this form, you acknowledge that you have relevant knowledge and that you are authorized to submit	t this fo

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