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# 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 \$115.00 (New Registration & Renewal) ; Our service fee \$118.65**

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

By Credit Cards:       \$233.65 (For New registration & Renewal )                       By EMT (*Email Money Transfer*)

CARD HOLDER'S NAME and SIGNATURE:                       VISA       MasterCard       American Express

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ 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 Name:	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 Name:	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 Name:	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 Name:	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 Name:	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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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.**