

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

Fax: (416) 977-8313

Ontario Business Name Registration Order Form (General Partnership)

Contact Name:	Tel	: ()	Cell: ()		Date:
1. Proposed Business Nam	ıe	[] NEW	RENEWA	L AME	NDMENT	CANCELLATION
2. Type of Registrant	[Individ	dual Partne	rs [Corporation	Partners	
3. Address of Principal Pla	ce of Busin	ess in	Ontari	0			
Suite/Apt./Unit:	Street No. & Na	ame:					
City:	Province: ON7	ARIO	Postal (Code:	Ві	ısiness Phor	ne: ()
4. Brief Description of Bus	iness						
5. Mailing address for the	Business						
☐ Same as business address	Suite:	Stree	et No. & Na	me:			
		Posta	al Code:	(City:	F	Province: ONTARIO
E-mail: Government Registration & Fil 7. Payment Options			ew Regis				rvice fee and HST)
			·	-		ŕ	,
By Credit Cards: \$\sumset\$ \$\sumse	Electronic filing	(For Nev	v registratio	on or Renewal)	□ Ву ЕМТ	⁻ (Email Moi	ney Transfer)
CARD HOLDER'S NAME and S	SIGNATURE:] VISA] MasterCard	I Am	nerican Express
First Name:		Midd	le Initial:		Last N	Jame:	
Card Number: _	_		_ _	_		xpire Date: ecurity Code	
The Cardholder Signature: $\mathbf{X}_{\underline{\hspace{1cm}}}$	ease sign here	to ackno	owledge by	y fax or email t	his order and	agree to pa	ay by the credit card.



425 University Avenue, Suite 403, Toronto, Ontario, Canada M5G 1T6 Tel: (416) 977-8595 (416) 977-9640 Fax: (416) 977-8313 Website: http://www.bestontario.com Email: info@bestontario.com

Best Ontario's Ontario Business Name Registration Package

Ontario Business Name Registration - Individual Partners -

Name and Address for Service of Individual Partners

_	First Name:	Middle Initial:	Last Name:	
FIRST	☐ Same as business address Suite:	Street No. & Name:		
	Canadian/Permanent Resident: Yes No	Postal Code:	City:	Province: ONTARIO
	First Name:	Middle Initial:	Last Name:	
SECOND	Same as business address Suite:	Street No. & Name:		
ND	Canadian/Permanent Resident: Yes No	Postal Code:	City:	Province: ONTARIO
-	First Name:	Middle Initial:	Last Name:	
THIRD	Same as business address Suite:	Street No. & Name:		
	Canadian/Permanent Resident: Yes No	Postal Code:	City:	Province: ONTARIO
	First Name:	Middle Initial:	Last Name:	
FORTH	Same as business address Suite:	Street No. & Name:		
呈	Canadian/Permanent Resident: Yes No	Postal Code:	City:	Province: ONTARIO
	First Name:	Middle Initial:	Last Name:	
FIFTH	Same as business address Suite:	Street No. & Name:		
_	Canadian/Permanent Resident: Yes No	Postal Code:	City:	Province: ONTARIO
	Distance of consequently sixty this contates the			
	Print name of person authorizing this registration:			
	Authorizing Person Signature:			

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Best Ontario's Ontario Business Name Registration Package

Ontario Business Name Registration - Corporation Partners -

Name and Address for Service of Corporation Partners

П	Corporation Name:		Director Name:	
FIRST	Same as business address Suite:	Street No. & Name	2:	
	Postal Code:	City:		Province: ONTARIO
	Corporatiaon Name:		Director Name:	
SECOND	☐ Same as business address Suite:	Street No. & Name	2:	
OND	Postal Code:	City:		Province: ONTARIO
	Corporation Name:		Director Name:	
THIRD	☐ Same as business address Suite:	Street No. & Name	2:	
)	Postal Code:	City:		Province: ONTARIO
	Corporation Name:		Director Name:	
FORTH	Same as business address Suite:	Street No. & Name) :	
TH	Postal Code:	City:		Province: ONTARIO
	Corporation Name:		Director Name:	
FIFTH	☐ Same as business address Suite:	Street No. & Name):	
エ	Postal Code:	City:		Province: ONTARIO
	Print name of person authorizing this registration:			
	Authorizing Person Signature:			

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Authorization for Documents Filing to Service Ontario

(First name, Mid	ddle names and Surname)
ddress for service	
(Street & No. or R.R. No., Muni	icipality, Province, Country & Postal Code)
m	
Owner of the Sole-Proprietorship	
Director of the Corporation	
other individual having knowledge	e of the affairs of the Company
	(Check appropriate bo
no votino e o la coinco o como	
perating as business name:	
(Bus	iness Name)
•	NC. to serve as my representative and to
onduct business on my behalf with S	Service Ontario - Business Registry.
authorize Service Ontario to release certify that the information set out he	•
•	
	(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.

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