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.como.com

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. Please provide your email address

E-mail:_____

6. Payment Options

a.Government Fee:For New Registration & Renewal:$60.00 ; Our service fee $155+HST ; Total amount: $235.15

b.Government Fee:For Amendment & Cancellation:$0.00 ; Our service fee $155+HST ; Total amount: $175.20

☐ Payment By Credit Cards: ☐ Payment 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 to this order and agree to pay by the credit card.

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Ontario Business Name Registration
- Individual Partners -

Name and Address for Service of Individual Partners

FIRST

First Name: Middle Name: Last Name:

☐ *Same as business address* Suite: Street No. & Name:

Canadian/Permanent Resident: ☐ *Yes* ☐ *No* Postal Code: City: Province: ☐ *ONTARIO*

SECOND

First Name: Middle Name: Last Name:

☐ *Same as business address* Suite: Street No. & Name:

Canadian/Permanent Resident: ☐ *Yes* ☐ *No* Postal Code: City: Province: ☐ *ONTARIO*

THIRD

First Name: Middle Name: Last Name:

☐ *Same as business address* Suite: Street No. & Name:

Canadian/Permanent Resident: ☐ *Yes* ☐ *No* Postal Code: City: Province: ☐ *ONTARIO*

FORTH

First Name: Middle Name: Last Name:

☐ *Same as business address* Suite: Street No. & Name:

Canadian/Permanent Resident: ☐ *Yes* ☐ *No* Postal Code: City: Province: ☐ *ONTARIO*

FIFTH

First Name: Middle Name: Last Name:

☐ *Same as business address* Suite: Street No. & Name:

Canadian/Permanent Resident: ☐ *Yes* ☐ *No* Postal Code: City: Province: ☐ *ONTARIO*

Print name of person authorizing this registration:

Authorizing Person Signature:

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Ontario Business Name Registration
- Corporation Partners -

Name and Address for Service of Corporation Partners

FIRST

Corporation Name: Director Name:

☐ *Same as business address* Suite: Street No. & Name:

Postal Code: City: Province: ☐ *ONTARIO*

SECOND

Corporatiaon Name: Director Name:

☐ *Same as business address* Suite: Street No. & Name:

Postal Code: City: Province: ☐ *ONTARIO*

THIRD

Corporation Name: Director Name:

☐ *Same as business address* Suite: Street No. & Name:

Postal Code: City: Province: ☐ *ONTARIO*

FORTH

Corporation Name: Director Name:

☐ *Same as business address* Suite: Street No. & Name:

Postal Code: City: Province: ☐ *ONTARIO*

FIFTH

Corporation Name: Director Name:

☐ *Same as business address* Suite: Street No. & Name:

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

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.