

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

A NEW B RENEWAL C AMENDMENT D CANCELLATION

Contact Name: _____ Tel: () Fax: () Date: _____

1. Proposed Business Name

2. Address of the Registered Business Office

Street No. & Name: _____ Suite/Apt./Unit: _____ City: _____

Province: ONTARIO Post Code: _____ Business Phone: () _____

3. Brief Description of Business

4. Type of Registrant Sole Proprietorship Partnership

5. Registrant Name and Residential Address

FIRST	First Name: _____	Middle Initial: _____	Last Name: _____
	Street No/Name: _____	Suite/Apt./Unit: _____	City: _____
	Province: <input type="checkbox"/> ONTARIO	Post Code: _____	Canadian/Landed: <input type="checkbox"/> Yes <input type="checkbox"/> No

SECOND	First Name: _____	Middle Initial: _____	Last Name: _____
	Street No/Name: _____	Suite/Apt./Unit: _____	City: _____
	Province: <input type="checkbox"/> ONTARIO	Post Code: _____	Canadian/Landed: <input type="checkbox"/> Yes <input type="checkbox"/> No

Note: If you have more registrants, please write on the next page.

6. Payment by Major Credit Cards \$119.90 (Government fee, service fee and GST included)

IMPORTANT: You need provide us your credit card information for any fax-in-order (or the order will not be processed except for having made other arrangement). Service fees and disbursement to Government will be charged on your credit card.

CARD HOLDER'S NAME: _____ VISA MASTER AMERICAN EXPRESS

First Name: _____ Middle Initial: _____ Last Name: _____

CARD NUMBER: _____ EXPIRE DATE: _____

Please sign here to acknowledge by fax this order and agree to pay by the credit card.

The Cardholder Signature: _____

Ontario Business Name Registration Order Form (Partnership Extra Registrant Information)

Note: Only **Partnership Registration** which have more than two registrants need this page.

7. Extra Registrant Name and Residential Address

THIRD	First Name:	Middle Initial:	Last Name:
	Street No/Name:	Suite/Apt./Unit:	City:
	Province: <input type="checkbox"/> ONTARIO	Post Code:	Canadian/Landed: <input type="checkbox"/> Yes <input type="checkbox"/> No

FOURTH	First Name:	Middle Initial:	Last Name:
	Street No/Name:	Suite/Apt./Unit:	City:
	Province: <input type="checkbox"/> ONTARIO	Post Code:	Canadian/Landed: <input type="checkbox"/> Yes <input type="checkbox"/> No

FIFTH	First Name:	Middle Initial:	Last Name:
	Street No/Name:	Suite/Apt./Unit:	City:
	Province: <input type="checkbox"/> ONTARIO	Post Code:	Canadian/Landed: <input type="checkbox"/> Yes <input type="checkbox"/> No

SIXTH	First Name:	Middle Initial:	Last Name:
	Street No/Name:	Suite/Apt./Unit:	City:
	Province: <input type="checkbox"/> ONTARIO	Post Code:	Canadian/Landed: <input type="checkbox"/> Yes <input type="checkbox"/> No

SEVENTH	First Name:	Middle Initial:	Last Name:
	Street No/Name:	Suite/Apt./Unit:	City:
	Province: <input type="checkbox"/> ONTARIO	Post Code:	Canadian/Landed: <input type="checkbox"/> Yes <input type="checkbox"/> No

EIGHTH	First Name:	Middle Initial:	Last Name:
	Street No/Name:	Suite/Apt./Unit:	City:
	Province: <input type="checkbox"/> ONTARIO	Post Code:	Canadian/Landed: <input type="checkbox"/> Yes <input type="checkbox"/> No

NINTH	First Name:	Middle Initial:	Last Name:
	Street No/Name:	Suite/Apt./Unit:	City:
	Province: <input type="checkbox"/> ONTARIO	Post Code:	Canadian/Landed: <input type="checkbox"/> Yes <input type="checkbox"/> No