

Ontario Business Name Registration (Trade Name)

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. Corporation Information

Corporate Full Legal Name: _____

Ontario Corporate Number: _____

Jurisdiction in which the Corporation was Incorporated: _____

ONTARIO
 FEDERAL

Address of Head or Registered Office of the Corporation:

Street No. & Name: _____

Suite/Apt./Unit: _____

City: _____

Province: ONTARIO

Post Code: _____

Business Phone: () _____

5. Mailing Address

Same as address of the registered business office

OR

Same as address of head or registered office of the corporation

6. Person Authorizing this Registration

First Name: _____

Middle Initial: _____

Last Name: _____

7. 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:

First Name: _____

Middle Initial: _____

Last Name: _____

VISA

MASTER

AMERICAN EXPRESS

CARD NUMBER: _____

EXPIRE DATE: _____

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

The Cardholder Signature: _____