

CANADIAN INCORPORATORS INC.

incorporations . Business registrations . corporate supplies

643 Bay Street, Suite. 4800, Toronto, ON. M5G 1M7

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www.canadianincorporators.com

BUSINESS NAME REGISTRATION FORM

New:

Renewal:

Amendment:

1. PROPOSED BUSINESS NAME:

2. GENERAL DESCRIPTION OF YOUR BUSINESS ACTIVITIES

3. REGISTERED BUSINESS OFFICE ADDRESS

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

Province: _____ Postal Code _____ Business Phone: _____

4. TYPE OF REGISTRANT Sole proprietorship Partnership

5. REGISTRANT INFORMATION

First Name _____ Middle Initial _____ Surname _____

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

Province: _____ Postal Code: _____

6. NAME OF INDIVIDUAL AUTHORIZING REGISTRATION:

First Name: _____ Middle Initial: _____ Surname: _____

7. TERMS & CONDITIONS

I understand and accept that submitting this form by fax, e-mail, mail or otherwise to Canadian Incorporators Inc., I accept the **Terms & Conditions** and assume all responsibility for legitimate usage of all documents and information provided by Canadian Incorporators Inc.

Acceptance of the **Terms & Conditions**:

Name (Please Print)

Signature

Date

8. PAYMENT INFORMATION

TOTAL AMOUNT

Package No.

Corporate Supplies No.

TOTAL PAYABLE

CARD TYPE

Visa

Mastercard

CARDHOLDER'S NAME:(PRINT PLEASE)

CARD NUMBER:

EXPIRY DATE:

CARDHOLDER'S SIGNATURE:
