

CANADIAN INCORPORATORS INC.

incorporations . business registrations . corporate supplies

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INCORPORATION INFORMATION

Contact Person: _____ Contact Phone: _____ Date: _____

Provincial Registration Federal Registration

PROPOSED CORPORATION NAME

Your corporation name must end with one of the following legal words. Please select one:

LIMITED INCORPORATED CORPORATION PROFESSIONAL CORPORATION
LTD. INC. CORP.
LIMITEE LTEE.

1. YOUR PROPOSED CORPORATION NAME WILL BE: (IF NUMBERED THEN ENTER "NUMBERED")

2. GENERAL DESCRIPTION OF YOUR BUSINESS ACTIVITIES

3. REGISTERED BUSINESS OFFICE ADDRESS

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

Province: _____ Postal Code: _____ Business Phone: _____

4. INCORPORATOR'S INFORMATION

First Name: _____ Middle Initial: _____ Surname: _____

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

Province: _____ Postal Code: _____ Citizen/Resident: Yes No

Is Incorporator also an initial director? Yes No

First Name: _____ Middle Initial: _____ Surname: _____

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

Province: _____ Postal Code: _____ Citizen/Resident: Yes No

Is Incorporator also an initial director? Yes No

First Name: _____ Middle Initial: _____ Surname: _____

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

Province: _____ Postal Code: _____ Citizen/Resident: Yes No

Is Incorporator also an initial director? Yes No

First Name: _____ Middle Initial: _____ Surname: _____

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

Province: _____ Postal Code: _____ Citizen/Resident: Yes No

Is Incorporator also an initial director? Yes No

Note: If you have more directors, please provide the same information on a separate piece of paper.

6. NUANS SEARCH

If you would like a Nuans Search requested for your corporation, please enter up to 3 names to search on below

Preliminary Choice 1: _____

Preliminary Choice 2: _____

Preliminary Choice 3: _____

7. TERMS & CONDITIONS

I certify the information provided is true and accurate and all individuals listed on this form are at least 18 years old, of sound mind (mentally competent) and not in a status of bankrupt. I understand and accept that submitting this form by fax, e-mail, mail or otherwise to Canadian Incorporators Inc., I accept the **Terms & Conditions**, which can be found on our website, www.canadianincorporators.com, and assume all responsibility for legitimate usage of all documents and information provided by Canadian Incorporators Inc. Further, Canadian Incorporators Inc. offers no name guarantee and you are responsible for all risk/liabilities that may arise with the use of your corporation name.

Acceptance of the **Terms & Conditions**:

Incorporator's Name (Please Print) **Incorporator's Signature** **Date**

8. PAYMENT INFORMATION

Package No.	<input type="text"/>	TOTAL AMOUNT
Corporate Supplies No.	<input type="text"/>	<input type="text"/>
TOTAL PAYABLE		<input type="text"/>

CARD TYPE VISA MASTERCARD

CARDHOLDER'S NAME:(PRINT PLEASE) _____

CARD NUMBER: _____ EXPIRY DATE: _____

CARDHOLDER'S SIGNATURE: _____