

CANADIAN INCORPORATORS INC.

incorporations . business registrations . corporate supplies

30 Hunt Street, Suite 207, Ajax, ON. L1S 3M2
Telephone: 416-558-7547 Fax: 1-866-524-9687
E-mail: gbadley@gmail.com

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 The Incorporators, I accept the **Terms & Conditions** and assume all responsibility for legitimate usage of all documents and information provided by The Incorporators.

Acceptance of the **Terms & Conditions:**

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

8. PAYMENT INFORMATION

		TOTAL AMOUNT
Package No.	<input type="text"/>	<input type="text"/>
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: _____