

**GE Form 06: Ontario Business Name Registration Order Form**



Address: 20 Eglinton Avenue East, Suite 233, Toronto, Ontario, Canada, M4P 1A9  
Tel: 416-598-5221 Fax: 416-598-5231  
E-mail: genamesearch@gmail.com Website: www.gecompanyservice.ca

Contact Name:  Tel:  Fax:  Date:

**1. Business Name registration type:**

A. New  B. Renewal  C. Amendment

Business Identification No.

**2. If you register a NEW Business Name, give three names to do searches:**

A.  B.  C.

**3. Business address:**

Street  Unit/Suite No.   
City  Prov.  Postal Code

Business mailing address:  Same as Business Address

Street  Unit/Suite No.   
City  Prov.  Postal Code

**4. Business activities:**

**5. Type of registrant:**  Sole proprietorship (only ONE person)  Partnership (TWO or MORE people)

**6. Registrant information ( if space is not enough, please copy this form):**

Name 1   
Address   
City  Prov.   
Country  Postal Code

If the partner is an Ontario corporation, please fill out the following:

Ontario Corporation No.

Name 3   
Address   
City  Prov.   
Country  Postal Code

If the partner is an Ontario corporation, please fill out the following:

Ontario Corporation No.

Name 2   
Address   
City  Prov.   
Country  Postal Code

If the partner is an Ontario corporation, please fill out the following:

Ontario Corporation No.

Name 4   
Address   
City  Prov.   
Country  Postal Code

If the partner is an Ontario corporation, please fill out the following:

Ontario Corporation No.

**7. Name of person authorizing this registration:**

No. of pages followed:

Have you paid through the 'ADD TO CART' button on the web page?  Yes. Then disregard the following form.  
 No. Please fill out the following form to make payment.

**Credit Card Payment Authorization Form**  
(The space marked by "\*" must be filled.)

Contact Name\*:  Tel\*:  Fax:

E-mail\*:  Date\*:

Company name:   Not Applicable

Name of person authorizing this payment:

Type of credit card\*:  VISA  MASTER  AMERICAN EXPRESS

Credit card number\*:

CSC number\*:  (For MasterCard or Visa, CSC Number is the last THREE digits in the signature area on the back of your card.  
For American Express, it is the FOUR digits on the front of the card.)

Expiry date\*:  MM/YY Amount\*: \$

Name as it appears on the card\*:  Home Phone\*:

Billing address\*:  
Street number and street name:  Suite/Apt. No.:   
City/Town:  Province/Territory/State:   
Country:  Postal Code/Zip:

By filling information and send this form by fax or E-mail, I hereby authorize GE Company Service Centre to charge from my credit card the amount shown above for the service fee and disbursement incurred.

**Card holder's signature:**

(Sign when sending by fax)

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