



Business Name Registration Application:

Corporation

Partnership

Sole

Business name-1

Business name-2

Incorporator Name-1

Incorporator Name-2

Address

Address:

E-mail:

E-mail:

phone:

Phone:

Business Address:

Number Street

City

Province:

Postal Code:

Business Phone

Fax:

Nature of Business:

Product name:

Minute Book & Seal:

Yes:

No:

Domain name

Web Hosting

Yes:

No:

Credit Card: Visa / Master Card

Credit Card holder name

Expiration date

Signature:

Date:

Please print, and e-mail to: info@parsiangroup.ca or Fax: 1866-875-6170

Choice 1

Choice 2