

## Smart Trucking Consultants

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### ONTARIO INCORPORATION INFORMATION

**Contact Name:** \_\_\_\_\_ **Ph:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Profit corporation name must end with one of the following legal words. Please mark one you prefer to:

LIMITED	INCORPORATED	CORPORATION	LIMITEE
LTD.	INC.	CORP.	INCORPOREE

**List your proposed corporation name (For Ontario name search, you could list up to three names in a preferred order below):**

1<sup>st</sup> Preference: \_\_\_\_\_

2<sup>nd</sup> Preference: \_\_\_\_\_

3<sup>rd</sup> Preference: \_\_\_\_\_

**Registered Business Office Address:**

Unit/Apt: \_\_\_\_\_ Street Name and No. \_\_\_\_\_

City: \_\_\_\_\_ Prov: ONTARIO Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**1<sup>st</sup> Directors Name:**

First Name: \_\_\_\_\_ Middle Initials: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Address (if Different From Business Address)**

Unit/Apt: \_\_\_\_\_ Street Name and No. \_\_\_\_\_

City: \_\_\_\_\_ Prov: ONTARIO Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Canadian / Permanent Resident - YES/NO

**2<sup>nd</sup> Directors Name:**

First Name: \_\_\_\_\_ Middle Initials: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Address (if Different From Business Address)**

Unit/Apt: \_\_\_\_\_ Street Name and No. \_\_\_\_\_

City: \_\_\_\_\_ Prov: ONTARIO Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Canadian / Permanent Resident - YES/NO

**3<sup>rd</sup> Directors Name:**

First Name: \_\_\_\_\_ Middle Initials: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Address (if Different From Business Address)**

Unit/Apt: \_\_\_\_\_ Street Name and No. \_\_\_\_\_

City: \_\_\_\_\_ Prov: ONTARIO Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Canadian / Permanent Resident - YES/NO

*If you have more directors Please make a copy of this form or attach a separate piece of paper*

Authorized Signatory: \_\_\_\_\_ Authorizer Name: \_\_\_\_\_

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**CREDIT CARD AUTHORIZATION**

**Card Type** (Select One)                      VISA                      MASTER CARD

**Card Holder Name:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Expiry Date** \_\_\_\_\_ **CCV Code** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Card Holder Signature:** \_\_\_\_\_

**By signing this you irrevocably authorize us to charge your Credit Card with the above amount.**