

Smart Trucking Consultants

1 Gateway Blvd, Unit 303
Brampton, ON, L6T 0G3

Ph: 905-581-6105 Fax: 289-401-5257
Email: info@smartruckingservices.com

NUANS REPORT REQUEST

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

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

1st Preference: _____

2nd Preference: _____

3rd Preference: _____

2. How do you want to get the Report when Ready:

❖ Do you want the report to be emailed Yes/ No

If yes please provide your email id: _____

❖ Do you want the report to be faxed: Yes/ No

If yes Your Fax No. _____ Attention: _____

❖ Will you pick the report from office: Yes/ No

CREDIT CARD AUTHORIZATION

Card Type (Select One) VISA MASTER CARD

Card Holder Name: _____

Card Number: _____ Expiry Date _____

Amount: _____ Card Holder Signature: _____

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