

# Smart Trucking Services Inc

15 Gateway Blvd, Unit 201-5  
Brampton, ON, L6T 0H4

Ph: 905-581-6105 Fax: 289-401-5257

Email: [info@smartruckingservices.com](mailto:info@smartruckingservices.com)

## 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** \_\_\_\_\_      **Amount:** \_\_\_\_\_

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

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