

## REMOTE SERVICE REQUEST FORM

### REQUESTERS INFORMATION

LAST NAME		FIRST NAME	
ADDRESS			
CITY		PROV/STATE	POSTAL / ZIP
PHONE	FAX	E-MAIL ADDRESS	
PAYMENT TYPE (CIRCLE) VISA / M/C / CHEQUE / MO <small>MAIL IN SERVICE ONLY</small>		CREDIT CARD INFORMATION (IF APPLICABLE)	
DELIVERY METHOD (CHECK OFF PREFERENCE)  <input type="checkbox"/> REGULAR MAIL/COURIER (ADDITIONAL FEE - <b>CIRCLE</b> ) <input type="checkbox"/> E-MAIL (IF POSSIBLE) (NO ADDITIONAL FEE) <input type="checkbox"/> FAX (NO ADDITIONAL FEE) <input type="checkbox"/> LONG DISTANCE FAX (ADDITIONAL FEE)		CREDIT CARD NUMBER	
		ISSUED TO	
		EXPIRY DATE (MM/YY)	CVV (SECURITY CODE)
APPLICANT'S SIGNATURE (REQUIRED)		CREDIT CARD HOLDER'S SIGNATURE (REQUIRED IF APPLICABLE) I AUTHORIZE WEST-END / CALLINGWOOD REGISTRIES TO USE MY CREDIT CARD FOR THE SERVICES REQUESTED	

# Declaration Of Trade Name

Partnership Act

I, \_\_\_\_\_  
*Name of Declarant*

of \_\_\_\_\_  
*Resident Address in Full*

**declare that:**

1. I have been carrying on or intend to carry on the business of

\_\_\_\_\_  
*Type of Business*

in \_\_\_\_\_, in the Province of Alberta, under  
*City, Town, Village*

the name of \_\_\_\_\_  
*Trade / Business Name*

Use of this name commenced on \_\_\_\_\_  
*Day / Month / Year*

2. No other person or persons are associated in partnership with me in this business.

\_\_\_\_\_  
*Name of Declarant (please print)*

\_\_\_\_\_  
*Date of Declaration*

\_\_\_\_\_  
*Occupation*

\_\_\_\_\_  
*Identification*

*This information is being collected for the purposes of corporate registry records in accordance with the Partnership Act. Questions about the collection of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for Alberta Registries, Research and Program Support, 3rd Floor, Commerce Place, 10155 - 102 Street, Edmonton, Alberta T5J 4L4, (780) 422-7330.*

# Declaration Of Trade Name

## PARTNERSHIP ACT

### INSTRUCTIONS

**The Declaration Of Trade Name must contain the following information:**

- Item 1:
- Type of Business
  - City, Town, Village where the business is located
  - Trade / Business Name under which the Declarant carries on or intends to carry on business
  - Date on which the use of the business name commenced.

**The following information must be included:**

- name of person authorizing (director/authorizing officer)
- occupation
- identification
- date

When the information is submitted to your service provider, identification of the authorized person/officer/director/declarant will be required.

**NOTE: Filing of a Declaration of Trade Name is required mainly to provide proof that the name is in use by a particular business. Filing of the declaration does not give any right of ownership of the name.**

**To assist you in making an informed decision on the proposed name, an Alberta Business Name Search Report should be obtained and assessed before you file this Declaration.**