

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 - CIRCLE) <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	

10011 - 170 ST NW
EDMONTON, ALBERTA
T5P 4R5
PH: 780-483-8211
FAX: 780-483-0928

WWW.YOURWESTEND.COM

230, 6655 - 178 ST NW
EDMONTON, ALBERTA
T5T 4J5
PH: 780-483-4545
FAX: 780-487-2807

INCORPORATION SETUP INFORMATION

CLIENT CONTACT INFORMATION

NAME				
ADDRESS				
CITY		PROV		P/C
PHONE		FAX		
E-MAIL				
ID NUMBER (I.E.: DRIVERS LICENCE)		PLEASE PICK PREFERRED METHOD (SELECT ONE)		
		<input type="checkbox"/> - PICK UP	<input type="checkbox"/> - MAIL OUT	<input type="checkbox"/> - E-MAIL <input type="checkbox"/> - FAX

DESIRED COMPANY NAME (PLEASE PRINT CLEARLY)

PLEASE WRITE IN THE COMPANY NAME YOU PREFER, LISTED IN ORDER OF PRIORITY, WITH ONE OF THE LEGAL ENTITY OPTIONS (LTD. OR LIMITED; INC. OR INCORPORATED; CORP. OR CORPORATION) AT THE END OF THE NAME.

(I.E.: JOE'S TRUCKING LTD. OR _____ ALBERTA LTD.)

WE WILL SEARCH IN THE ORDER THAT IS LISTED AND SEARCHING ONLY THE FIRST AVAILABLE NAME.

CHOICE #1	
CHOICE #2	
CHOICE #3	

ARTICLES OF INCORPORATION - USE THESE ARTICLES - DIFFERENT ARTICLES ATTACHED

CLASSES OF SHARES AND ANY MAXIMUM NUMBER (WITHIN EACH CLASS)	UNLIMITED CLASS "A" COMMON VOTING SHARES. UNLIMITED CLASS "B" COMMON VOTING SHARES. UNLIMITED CLASS "C" COMMON NON-VOTING SHARES. UNLIMITED CLASS "D" PREFERRED NON-VOTING SHARES.
RESTRICTIONS ON SHARE TRANSFERS	SHARE TRANSFERS SHALL BE SUBJECT TO THE TERMS OF ANY UNANIMOUS SHAREHOLDERS AGREEMENT AND SUBJECT TO THE APPROVAL OF THE BOARD OF DIRECTORS.
RANGE OF DIRECTORS	1 TO 12
RESTRICTIONS ON BUSINESS (TO/FROM)	THERE ARE NO RESTRICTIONS ON THE BUSINESS THE CORPORATION MAY CARRY ON.
OTHER PROVISIONS	THE LIABILITY OF THE MEMBERS IS LIMITED.

NOTICE OF ADDRESS - RECORDS ADDRESS DIFFERENT THAN REGISTERED ADDRESS (SEE ATTACHED)

1	REGISTERED OFFICE (PHYSICAL ALBERTA ADDRESS):	
2	POSTAL ADDRESS (ALBERTA ADDRESS) (IF DIFFERENT):	

WEST-END REGISTRIES

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NOTICE OF DIRECTORS - ADDITIONAL DIRECTORS OR SHAREHOLDERS (SEE ATTACHED)

1	NAME:
	ADDRESS:
2	NAME:
	ADDRESS:
3	NAME:
	ADDRESS:
4	NAME:
	ADDRESS:

"I CONFIRM THAT THE INFORMATION SET OUT IN THIS DOCUMENT ACCURATELY REFLECTS MY INSTRUCTIONS. I UNDERSTAND THAT THE ROLE OF THE REGISTRY AGENT DOES NOT INCLUDE THE PROVISION OF LEGAL ADVICE."

CUSTOMER'S SIGNATURE