

1. Client Information

Date of Application: **Thursday, May 13, 2010**

Office Use only: Date Account Created: Entered in Accounting System:

Company Name (Indicate the name preferred for billing purposes)

Complete Address - Street City Province/State Postal code/ZIP

Shipping Address (if different) City Province/State Postal code/ZIP

Business Structure: Proprietorship Partnership Corporation Other: _____
 Business Type: **SELECT** Other: _____

2. Contact Information

A. Primary Contact 1 - Name Title/Position

Phone (with Extension or direct line) Fax Email Address

B. Secondary Contact 2 - Name Title/Position

Phone (with Extension or direct line) Fax Email Address

3. Billing Contact Information

Accounting Department Contact Title/Position

Phone (with Extension or direct line) Fax Email Address

4. Service Requirements (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Corporate/Business Name Searches | <input type="checkbox"/> Due Diligence Searches – Bank Act, Bankruptcy, Execution/Writs, etc |
| <input type="checkbox"/> Corporate/Business Document Filings | <input type="checkbox"/> Out of Province services (any of the indicated services) |
| <input type="checkbox"/> PPSA/PPR Searches & Registrations | <input type="checkbox"/> NUANS Name Searches |
| <input type="checkbox"/> Litigation Support – Searches, Copies & Filings | <input type="checkbox"/> Corporation Supplies |
| <input type="checkbox"/> Other, please specify: _____ | |

Indicate your **estimated** total number of monthly transactions:

How did you hear about us? **SELECT** Other: _____

5. Credit Card Information

Visa MasterCard American Express

First Name Middle Initial Last Name

Card Number Expiry Date Cardholder Signature

- I hereby authorize Centro Legal Works Inc. to store the above credit card information on file for payment purposes.
 OR, I have approval from a Customer Service Representative to set up an invoicing account and will make payments by cheque.

CONFIRMATION AND ACKNOWLEDGEMENT Fax: 416.599.8655 | 1.877.239.6616 billing@centrolegalworks.com

I hereby certify that the information on this application is accurate and correct and I am authorized and aware of releasing such information to potential suppliers/service providers. I understand that Centro Legal Works Inc. will store this information on file strictly for business purposes. For information on our privacy policy please visit www.centrolegalworks.com Please email, fax or mail this application to the contact information indicated on this form.

Authorized Signature Position/Title Date