



Reg. No.	Invoice No.
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Billing Information	Your Name: _____	Date: _____
	Address: _____	File No: _____
	Tel: _____ Fax: _____	Email: _____

Registration Period	# Of Years (8.00/yr Gov. Fees)	<input type="checkbox"/> PPSA (Personal Property Security Act)	<input type="checkbox"/> RSLA (Repair Storage Lien Act)	Caution Filing*: <input type="checkbox"/>	*Collateral outside of Ontario or being brought into Ontario
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1. Debtors (a.k.a. Borrower) First Debtor If individual a Date of Birth must be provided	(Individual) First Name	Middle Initial	Surname (Last Name)	Date of Birth (dd/mm/yyyy)	
	OR Business Name			Ontario Corporation No.	
	Address (Street – include Suite, Unit or Apt. No.)		City	Province	Postal Code

Second Debtor	(Individual) First Name	Middle Initial	Surname (Last Name)	Date of Birth (dd/mm/yyyy)	
	OR Business Name			Ontario Corporation No.	
	Address (Street – include Suite, Unit or Apt. No.)		City	Province	Postal Code

2. Secured Party (a.k.a. Lender)	Complete Name
	Address (Street – include Suite, Unit or Apt. No.) City Province Postal Code

3. Collateral Type	Consumer Goods <input type="checkbox"/> Inventory <input type="checkbox"/> Equipment <input type="checkbox"/> Accounts <input type="checkbox"/> Other <input type="checkbox"/>
	Amount Secured: <u>.00</u> Date of Maturity (DD/MM/YYYY) OR <input type="checkbox"/> No fixed Date of Maturity <input type="checkbox"/> Motor Vehicle Included

Motor Vehicle Description (If included)	Year	Make	Model	VIN – Vehicle Identification Number
	Year	Make	Model	VIN – Vehicle Identification Number

4. General Collateral Description
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5. Registering Agent (Confirmation will be mailed to this address)	Complete Name
	Address (Street – include Suite, Unit or Apt. No.) City Province Postal Code

PAYMENT:	Indicate the type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
	Credit Card Number: _____ Expiry Date: _____
	Complete Name on the Card: _____
	The amount that will be charged: Select Registration Type
Cardholder Signature: _____	
By signing above you agree to the terms and conditions indicated below and authorize the appropriate charges to the credit card provided.	

Please complete, sign and fax to 416.599.8655 or email to: search@centrolegalworks.com

Terms and Conditions: A PPSA Financing statement, amendment, or discharge has been prepared and approved by the above-named client based on details provided by the client. The client assumes full responsibility, acknowledges and is aware of the terms of the related General Security Agreement, contracts, or other related documents thereto. The client also acknowledges and is aware of the implications of registering a PPSA financing statement, amendment, or discharge, as applicable. Under no circumstances does Centro Legal Works Inc. ("Centro") provide advice on the particulars of the registration, amendment or discharge, as applicable, and therefore Centro is not responsible or liable to any person or entity whatsoever for any loss, damage, or claim.