

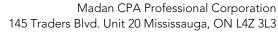
 $\frac{madan}{\text{CPA}}$

Telephone: 905-268-0150 Fax: 905-248-3223

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Limited Partnership Order Form

Form Submitted By				Date:	
Name:		Com	pany:		
Email:					
Entity Type:	Limited Partnership				
2. Jurisdiction of Formation:					
3. Speed (check one):	☐ Expedited Service	☐ Regular Service			
4. Check Service(s):	☐ Formation Only	☐ Corporate Kit ☐	Federal Tax ID 🔲 Se	eal (optional)	
5. Company Name Add applic	cable corporate suffix – for	example: "LP"			
First Choice:					
Alternate Choice:					
6. Company Contact Name:				nail:	
7. (a) Physical Address:					
				Country:	
(b) Mailing Address:					
City:		State:	Zip:	Country:	
8. Name(s) of General Partne	er(s) and their street/mailin	g address(es). For additio	nal Partners, please attach	a separate sheet	
Name(s)		et/Mailing Address(es)	narr armere, prease anaem	a deparate officer.	
(2)		<u>-</u>			



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lame(s)	Street/Mailing Address(es)	
	 :	
		
. Federal Tax ID. Social Security Number	or FEIN is needed for a General Partner (if applicable).	
		SN or
Individual or Company Name		SN or □ FEIN:
Individual or Company Name Principal Business Activity:		SN or □ FEIN:
Individual or Company Name Principal Business Activity:		SN or □ FEIN:
Individual or Company Name Principal Business Activity: Registered Agent will be Corporate Cr	reations or its designee unless you specify otherwise.	
Individual or Company Name Principal Business Activity: Registered Agent will be Corporate Cr Payment by: Visa Maste	reations or its designee unless you specify otherwise.	ck
Individual or Company Name Principal Business Activity: Registered Agent will be Corporate Cr Payment by: Visa Maste Account Number:	reations or its designee unless you specify otherwise. ercard	ck
Individual or Company Name Principal Business Activity: Registered Agent will be Corporate Cr Payment by: Visa Maste Account Number: Cardholder Name:	reations or its designee unless you specify otherwise. ercard	ck Security Code:
Individual or Company Name I. Principal Business Activity: 2. Registered Agent will be Corporate Cr 3. Payment by:	reations or its designee unless you specify otherwise. ercard	ck Security Code: Billing Zip Code: