

Credit Card/Debit Card Authorization

Attach this form to your document or written request.

The Name of Corporation or Other Business Entity To Which This Service Request Applies is:

Check Box for Requested Service:	Fill in Fee or Amount:
<input type="checkbox"/> FILING OF DOCUMENTS AND CERTIFICATES <i>(Consult appropriate fee schedule for filing fees)</i>	\$ _____
*Optional Expedited Service for Additional Fee: <input type="checkbox"/> 24-Hour-\$25 <input type="checkbox"/> Same-Day-\$75 <input type="checkbox"/> 2-Hour-\$150	\$ _____
<input type="checkbox"/> CERTIFIED COPY <i>(\$10 each)</i>	\$ _____
*Optional Expedited Service for Additional Fee: <input type="checkbox"/> 24-Hour-\$25 <input type="checkbox"/> Same-Day-\$75 <input type="checkbox"/> 2-Hour-\$150	\$ _____
<input type="checkbox"/> PLAIN COPY <i>(\$5 each)</i>	\$ _____
*Optional Expedited Service for Additional Fee: <input type="checkbox"/> 24-Hour-\$25 <input type="checkbox"/> Same-Day-\$75 <input type="checkbox"/> 2-Hour-\$150	\$ _____
<input type="checkbox"/> CERTIFICATE UNDER SEAL <i>(Certificates of Good Standing, etc. \$25 each)</i>	\$ _____
*Optional Expedited Service for Additional Fee: <input type="checkbox"/> 24-Hour-\$25 <input type="checkbox"/> Same-Day-\$75 <input type="checkbox"/> 2-Hour-\$150	\$ _____
<input type="checkbox"/> SERVICE OF PROCESS <i>(Must be served in person at the above address)</i>	\$ _____
<input type="checkbox"/> BIENNIAL / FIVE YEAR STATEMENT	\$ _____
<input type="checkbox"/> OTHER	\$ _____
<input type="checkbox"/> DEPOSIT TO DRAWDOWN	\$ _____

Account Name: _____ **TOTAL (Total Amount Due):** \$ _____

Account Number: _____

***Same day expedited service requests must be received by 12 noon.**

2-hour expedited service requests must be received by 2:30 p.m.

Expedited service fees are non-refundable and will not be refunded if a filing is rejected.

Credit/Debit Card Information:

MasterCard Visa American Express

Credit Card Number: _____

Expiration Date (Month and Year): _____

Name as it Appears on Credit Card or Debit Card (Print): _____

Cardholder's Billing Address (As listed with Credit Card or Debit Card Company): _____

City: _____ State: _____ Zip Code+4: _____

Cardholder's Signature: _____ **Date:** _____

If the name on the credit card or debit card is in the name of a corporation or other business entity, please print the signer's name: _____

Daytime telephone number: _____ Fax number: _____