

Credit Card/Debit Card Authorization

Attach this form to your document or written request.

(Clears all text entry fields)

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>	\$ _____
<input type="checkbox"/> Routine Service (No Charge), OR Expedited Service: <input type="checkbox"/> 24-Hour-\$25 <input type="checkbox"/> *Same-Day-\$75 <input type="checkbox"/> **2-Hour-\$150	\$ _____
<input type="checkbox"/> CERTIFIED COPY <i>(The fee for each certified copy is \$10.)</i>	\$ _____
<input type="checkbox"/> Routine Service (No Charge), OR Expedited Service: <input type="checkbox"/> 24-Hour-\$25 <input type="checkbox"/> *Same-Day-\$75 <input type="checkbox"/> **2-Hour-\$150	\$ _____
<input type="checkbox"/> PLAIN COPY <i>(The fee for each plain copy is \$5.)</i>	\$ _____
<input type="checkbox"/> Routine Service (No Charge), OR Expedited Service: <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. The fee for each certificate is \$25.)</i>	\$ _____
<input type="checkbox"/> Routine Service (No Charge), OR Expedited Service: <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: _____