

Credit Card/Debit Card Authorization

Attach this form to your document or written request.

The Department of State's Division of Corporations accepts MasterCard, Visa, American Express and Diners Club for payment of certain fees.

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

Check Box for Requested Service:

Fill in Fee or Amount:

| | |
|---|----------|
| <input type="checkbox"/> FILING OF DOCUMENTS AND CERTIFICATES (Please consult the appropriate fee schedule for specific filing fees) _____ | \$ _____ |
| *Optional 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 (\$10 each) _____ | \$ _____ |
| *Optional 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 (\$5 each) _____ | \$ _____ |
| *Optional 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 (Certificates of Good Standing, etc. (\$25 each) _____ | \$ _____ |
| *Optional 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 (Must be served in person at the above address) _____ | \$ _____ |
| <input type="checkbox"/> BIENNIAL/FIVE YEAR STATEMENT _____ | \$ _____ |
| <input type="checkbox"/> OTHER _____ | \$ _____ |
| <input type="checkbox"/> DEPOSIT TO DRAWDOWN _____ | \$ _____ |
| Account Name: _____ | |
| Account Number: _____ | |
| TOTAL (Total Amount due) | \$ _____ |

*** 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.

MasterCard Visa American Express Diners Club

Card Number:

Expiration Date: (Month and Year) _____

Name as it Appears on the 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: