

Payment Form
(Revised 11/11)



Date of Receipt (for office use).

Please type or print clearly.

Expedited Handling Requested? Yes No

(\$25 per document; not available for Apostilles, Service of Process, Trademarks, and some other filings)

SHIP TO

Name:

Street:

City:

State:

Zip Code:

Phone:

Fax:

(required for expedited filings)

DOCUMENT TO BE FILED OR REQUEST FOR COPIES/CERTIFICATE

(include name on document and SOS file number if applicable)

PAYMENT

Charge to Credit Card

Card Type:

American Express

Discover

MasterCard

Visa

Card No.:

- - -

Expires:

(mm/yy)

Name on Card:

Phone:

Credit Card Billing Address:

City:

State:

Zip Code:

Charge to Secretary of State Client Account No.:

(filings require sufficient funds in client account)

Name on Account:

Charge to LegalEase Account No.:

500679

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Client Reference No.:

Case No.:

Fees are calculated based on the secretary of state fee schedule. Fees paid by credit card are subject to a statutorily authorized convenience fee of 2.7% of the total fees incurred.

Signature:

Date:

Batch No.: (for office use)