



Credit Card/Debit Card Authorization

Attach this form to your document, certificate or other written request.

The Name of the Corporation or Business Entity to Which This Request Applies is:

Check Box for Requested Service: Fill in Fee or Amount:

Form with checkboxes for services: FILING OF DOCUMENT OR CERTIFICATE, CERTIFIED COPY, PLAIN COPY, CERTIFICATE OF STATUS, SERVICE OF PROCESS, BIENNIAL / FIVE YEAR STATEMENT, OTHER, DEPOSIT TO DRAWDOWN. Includes fee schedules for routine and expedited processing.

Account Name: Account Number: \$

TOTAL (Total Amount Due) \$

Same Day expedited service requests must be received by 12 noon on regular business days.

2-hour expedited service requests must be received by 2:30 p.m. on regular business days.

Expedited processing fees are charged even if a document, certificate or other request is rejected as deficient.

Credit/Debit Card Information: MasterCard Visa American Express

TYPE OR PRINT CLEARLY

Card Number: Expiration Date (Month/Year):

Name as it Appears on Card:

Cardholder's Billing Address:

City: State: Zip Code:

Fax Number:

Cardholder's Signature: Date:

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