

ORDER FORM

NAME OF ENTITY: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Complete Incorporation (\$1205) | <input type="checkbox"/> Foreign Publication (\$55) | <input type="checkbox"/> Mail Forwarding Service (\$75/yr) |
| <input type="checkbox"/> Basic Incorporation (\$965) | <input type="checkbox"/> Change Resident Agent (\$65) | <input type="checkbox"/> Postage Deposit (\$15 prepaid) |
| <input type="checkbox"/> Expedite Fee (\$145) | <input type="checkbox"/> Dissolution (\$220) | <input type="checkbox"/> Federal Tax Return Extension (\$35) |
| <input type="checkbox"/> Registered Agent Service (\$75/yr) | <input type="checkbox"/> DBA (\$75) | <input type="checkbox"/> Corporate HQ Service |
| <input type="checkbox"/> Name Reservation (\$95) | <input type="checkbox"/> NV State Business Lic. Fee (\$525) | (\$600+ \$15 postage deposit) |
| <input type="checkbox"/> Initial/ Annual List (\$190) | <input type="checkbox"/> Certificate of Good Standing (\$95) | <input type="checkbox"/> FedEx Fee (\$65) |
| <input type="checkbox"/> Tax ID Number (\$35) | <input type="checkbox"/> Foreign Qualification (\$965) | <input type="checkbox"/> Foreign Postage/Shipping (\$75) |
| <input type="checkbox"/> Corporate Kit (\$125) | <input type="checkbox"/> Amendment to Articles (\$295) | |

Name of First Officers and Director(s)

President: _____
Secretary: _____
Treasurer: _____
Director(s): _____

Personal (Contact) Information

Your Name: _____
Street Address: _____
City: _____ State/Province: _____
Country: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____

Payment Information

Enter total amount for services selected \$ _____

Send check or money order to: Corporate Services of America 530 S 8TH ST., LAS VEGAS, NV 89101 OR FAX with credit card information to (702) 214-9499.

Credit Card Information (VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS)

Credit Card Number (must be 16 digits) _____ Expiration Date (mm/yy) _____

Cardholder's signature _____ V-Code (on back of card) _____

Billing Name & Address if different from above

Name _____

Address (Include City/State/Zip/Country) _____