

ORDER FORM

NAME OF ENTITY: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Complete Organization (\$905) | <input type="checkbox"/> Amendment to Articles (\$295) | <input type="checkbox"/> Qualification to do Business in NV (\$665) |
| <input type="checkbox"/> Basic Organization (\$665) | <input type="checkbox"/> Change Resident Agent (\$60) | <input type="checkbox"/> Corporate HQ Service |
| <input type="checkbox"/> Expedite Fee (\$145) | <input type="checkbox"/> Dissolution of LLC (\$220) | (\$600+ \$15 postage deposit) |
| <input type="checkbox"/> Registered Agent Service (\$75/yr) | <input type="checkbox"/> DBA (\$75) | <input type="checkbox"/> FedEx Fee (\$65) |
| <input type="checkbox"/> Name Reservation (\$95) | <input type="checkbox"/> NV State Business Lic. Fee (\$235) | <input type="checkbox"/> Foreign Postage/Shipping (\$75) |
| <input type="checkbox"/> Initial/Annual List (\$190) | <input type="checkbox"/> Certificate of Good Standing (\$95) | <input type="checkbox"/> Corporation or LLC extension |
| <input type="checkbox"/> Tax ID Number (\$35) | <input type="checkbox"/> Mail Forwarding Service (\$75/yr) | for Federal Tax Return (\$35) |
| <input type="checkbox"/> Corporate Kit (\$125) | <input type="checkbox"/> Postage Deposit (\$15 prepaid) | <input type="checkbox"/> Miscellaneous Fee (\$35) |
| <input type="checkbox"/> Sales Tax Permit (\$65) | | |

Name(s) of Manager(s) OR Managing Member(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) _____