



**USA Corporate Services Inc.**  
*We Incorporate People*

**ORDER FORM**  
**Connecticut Corporation**

46 State Street, 3rd Floor, Albany, NY 12207  
 Phone: 800-891-7432 or 518-433-1400 Fax: 518-433-1489 E-Mail: info@usa-corporate.com

**Billing Address:** *(must match credit card)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Ship to:** *(fill in if different from "Billing Address")*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web: \_\_\_\_\_

**Proposed company names, in order of preference:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name and address of the Registered Agent in Connecticut:** *(USA Corporate Services Inc. can provide if needed)*

**\*\*If Registered Agent is an Individual be sure to list their business and residence address\*\***

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Number of shares and par value of stock:**

- Standard: 1000 shares, no par value  
 Other: \_\_\_\_\_ shares, \$ \_\_\_\_\_ par value (Note: a par value different from the standard may result in a higher filing fee)

**Method of Payment (check one):**

- Check or Money Order Enclosed  
 Please Charge the following credit card  
 Visa  MasterCard  American Express

\_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_

Credit Card Number

Expiration Date

Card Verification Number:

\_\_\_\_\_  
 \_\_\_\_\_

Item	Fees
Prepare and file Corporation	\$365.00
Corporate Outfit*	\$55.00
Shipping*	\$9.00

**Additional Services (please check)**

Obtain Tax ID number	<input type="checkbox"/> \$50.00
Registered Agent Service	<input type="checkbox"/> \$175.00
Sales Tax*	
<b>Total Due</b>	

Print and Sign the name of the authorized cardholder

\*NYS Residents must pay sales tax on company outfit and shipping.