



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

**ORDER FORM**  
 Massachusetts Limited Liability Co.

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 Massachusetts:** *(USA Corporate Services Inc. can provide if needed)*

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

**The LLC is to be managed by:** *(choose one)*  The Managers  The Members

**Name, title, business and residence address of all Managers/Members:**

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

**The name and address of the person who is authorized to execute documents to be filed with the DOS:**

\_\_\_\_\_

**Company purpose:***(please be specific)*

\_\_\_\_\_

**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 LLC	\$695.00
LLC Outfit*	\$60.00
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.