



USA Corporate Services Inc.
We Incorporate People

ORDER FORM
 New York Limited Partnership

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)*

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

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Fax: _____

Web: _____

Proposed company names, in order of preference:

County within New York State where the office is to be located: _____

Service of process address "mailing address" of the new company:

Name and business or residence street address of each general partner:

The latest date on which the LP is to dissolve: _____

****Please be advised that there is a publication requirement associated with all LP filings. LP's are required to publish notice of formation in two newspapers, within the county of formation, for six consecutive weeks. Please call for details.**

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 LP	\$350.00

Additional Services (please check)

LP Outfit with shipping*	<input type="checkbox"/> \$69.00
Courier Shipping	<input type="checkbox"/> \$20.00
Publication (fee varies per county)	<input type="checkbox"/> \$
Sales Tax*	
Total Due	

Print and Sign the name of the authorized cardholder _____

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