

# USA Corporate Services Inc.

DELAWARE LLC ORDER FORM

Simplifying Incorporations Worldwide.

19W 34th Street, Suite 1018, New York, NY 10001

Phone: 800-891-7432 or 212-239-5050

Fax: 212-239-5317

E-Mail: info@usa-corporate.com

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

Contact: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Name and address of the Registered Agent in Delaware**

*(USA Corporate Services can provide if needed)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Limited Liability Company is to be managed by:**

One or more Members   
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

One or more Managers   
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Purpose of the Limited Liability Company:**

- Standard, General purpose: \_\_\_\_\_  
 Other specific purpose to be included: \_\_\_\_\_  
\_\_\_\_\_

**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
<b>DE LLC Package</b>	\$730.00
Prepare & File	
Operating Agreement	
Certificate of Incumbency	
Membership Certificates	
Registered Agent - 1 Year	
Tax ID	

**Additional Services (please check)**

Company Seal + Shipping	<input type="checkbox"/> \$44.00
<b>Total Due</b>	

Print and Sign the name of the authorized cardholder  
\*NYS Residents must pay sales tax on company outfit and shipping.  
\*\* Please only select one operating agreement - 2 page or 10 page.