# USA Corporate Services Inc.

## NEW JERSEY CORPORATION 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. _____

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

**Name and address of the Registered Agent in New Jersey**

*(USA Corporate Services can provide if needed)* _____

_____

**Number of Shares and par value Stock**

☐ Standard: 2500 share, no par value

☐ Other: _____ share, $_____ par value (Note: a par value different from standard may result in a higher filing fee)

**Number of Directors on the Board:**

Name: _____

Address: _____

_____

Name: _____

Address: _____

_____

**Purpose of the Corporation:**

☐ Standard, General purpose: _____

☐ Other specific purpose to be included: _____

| Item | Fees |
|---|---|
| Prepare & File NJ Corp Classic | $267.00 |
| Corporate Outfit* | $55.00 |
| Shipping | $15.00 |

**Additional Services (please check)**

| | |
|---|---|
| Registered Agent - 1 Year | ☐ $175.00 |
| Minutes & Bylaws *(Recommended)* | ☐ $125.00 |
| S-Corp | ☐ $95.00 |
| Sales Tax* | |
| **Total Due** | |

**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: _____

_____

Print and Sign the name of the authorized cardholder

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