



Division of Corporations & Commercial Code Order Form

Payment is due at time of pick-up

Submitter's Information

Individual's name: _____ Mail to (if different than provided): _____
 Company/Firm name: _____ Address: _____
 Address: _____ City/State/Zip Code: _____
 City/State/Zip Code: _____ FedEx or UPS Account #: _____
 Phone Number: _____ Credit Card orders: Visa MasterCard AMEX
 Processing Services Requested: **REGULAR** **EXPEDITE** **PICK UP** Card Number: _____ Exp. Date: _____
 CSV #: _____ Billing Zip Code: _____

Qty	Services Requested	Explanation/Comments <i>(Foreign Country where documents will be presented)</i>
	Certified Copies: Articles Amendments Entire File	
	Certificate of Existence/Good Standing	
	Certificate of Status	
	Certificate of Fact	
	Certificate of: Merger Conversion Name Change	
	Photo copies	
	Letter of Non-Existence (Not Registered Business Name)	
	Other	

1.	File/Entity Number	Business Name	<i>For Office Use Only</i>	
			CRS#	Fee
2.				
3.				
4.				
5.				
6.				