

i Incorporate

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PUBLICATION SERVICE ORDER

(Please Print Clearly)

Your Name: _____

Your Address: _____

Telephone: _____ Fax: _____

NAME OF LLC

ADDRESS OF LLC

COUNTY OF BUSINESS _____

NAME OF

MEMBER/MANAGER _____

Please attach copy of filing receipt

PAYMENT INFORMATION:

MC/VISA AMEX DISCOVER CHECK MONEY ORDER

Card Number: _____ Expiration Date: _____ CRV _____

Cardholder's Name: _____

Address _____

Billing Zip Code: _____ Total Charge Authorized: \$ _____

Cardholder's

Signature*: _____

**By signing this form I hereby authorize i Incorporate to charge to my Credit Card Account the costs incurred to process this order. I also agree to pay the above total amount according to the card issuer agreement.*