

i Incorporate

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SERVICE ORDER

Your Name: _____	E-mail: _____
Your Address: _____	
Tel: _____	Fax: _____

I would like to order a Corporation LLC _____ Other _____
State of Registration

THREE POSSIBLE NAMES OF YOUR CORPORATION/LLC/LP/LLP

(To be filed in order of availability. Please Type or Print Clearly)

1. _____
2. _____
3. _____

PROCESS ADDRESS _____

COUNTY OF BUSINESS _____

NAME OF PRESIDENT/MEMBER _____

PURPOSE(S) _____

The amount of shares _____ NPV Par Value of _____ per share

Corporate Kit yes no

Number of Seals 1 2

Expedited yes no

Tax ID yes no **SSN** _____ / _____ / _____

Payment Information:

MC/VISA AMEX DISCOVER CHECK MONEY ORDER

Card Number: _____ Expiration Date: _____ CCV _____

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.*