



InfotaxSquare **com** [®]

Incorporate. LLC. Income Taxes. Business Taxes



Online Live Customer Support
Available 24/7

TOLL FREE
1-866-754-4460

FAX:
718-732-2471

DBA / ASSUMED OR FICTITIOUS NAME FILING

Please complete the requested information below for your Assumed Name filing.
Infotax Square representative will begin processing your order upon receipt of payment.

PLEASE SELECT

Type of Entity: _____

Select State: _____

Enter County: _____

BUSINESS OVERVIEW

Name of Entity: _____

Date of Formation: _____ (mm/dd/yyyy)

Brief Business Description: _____

CONTACT INFORMATION (This is where we will ship your documents)

First Name: _____

Last Name: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Phone: (____) _____ - _____

Fax: (____) _____ - _____

ORDER INFORMATION (For Pricing click here)

NOTE: The Standard State / County fees is being charged with this application. However, additional filing fees may be charged according to your state / county not to infotax square. If applicable, Infotax Square representative will call you to discuss additional fees.

1. Enter the assumed name that you would like to register today:

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2. Enter the address at which you plan to operate under this assumed name (NOTE: Must provide a PHYSICAL address (ie. no PO Boxes). Address must also be INSIDE THE COUNTY you seek to file with).

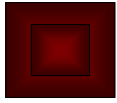
Address: _____

City, State, Zip: _____

3. Additional counties in which you plan to operate under this assumed name: (NOTE: Rules vary from county to county so additional counties could result in add'l fees)

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State / County Filing Fee:		
Do you need Employer ID Number? Yes No		
*If 'Yes' Fill This:	Social Security Number: (999-99-9999):	_____
Do you need Sales Tax ID Number? Yes No		
*If 'Yes' fill the amount:		
Infotax Square Fee for Filing Your Certificate of Assumed Name/DBA:		
Shipping and Handling:		
Total:		



OWNERS' INFORMATION

OWNER 1

Full Name: _____

Social Security Number: _____ (999-99-9999)

Residence Address: _____

City, State, Zip: _____

OWNER 2

Full Name: _____

Social Security Number: _____ (999-99-9999)

Residence Address: _____

City, State, Zip: _____

OWNER 3

Full Name: _____

Social Security Number: _____ (999-99-9999)

Residence Address: _____

City, State, Zip: _____

OWNER 4

Full Name: _____

Social Security Number: _____ (999-99-9999)

Residence Address: _____

City, State, Zip: _____

CARDHOLDER INFORMATION

Check (payable to INFOTAX SQUARE): Mail to: 109-13 Centerville Street, Suite 3R, Ozone Park, NY 11417

CREDIT CARD: This authorizes Infotax Square to charge my credit card for filing Certificate of Incorporation.



Card Type:

Visa

Master Card

American Express

Discover

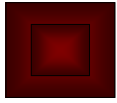
First Last Name: _____

Billing Address: _____
City, State, Zip _____

Phone, Fax: _____

Card Number: _____ Expiration Date: _____

Country: _____



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General Comments / Instructions:

TERMS OF USE AGREEMENT & DISCLAIMER (Click Here For Online)

The undersigned hereby represents and warrant that he/she duly authorizes Infotax Square to charge his/her credit card for the above services rendered.

Name / Signature

Official Use Only - Prepared by: _____

You can mail the form at:

Infotax Square
109-13 Centerville Street, Suite 3R
Ozone Park, NY 11417

Fax at: 718-732-2471

***Important: Please save the form before submitting**