

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

CERTIFIED COPIES OF DOCUMENTS

Please complete the requested information below for your Certified Copies of Documents. Infotax Square representative will begin processing your order upon receipt of payment.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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

First Name: _____

Last Name: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Phone: (_____) _____ - _____

Fax: (_____) _____ - _____

BUSINESS OVERVIEW

Name of Entity: _____

Type of Entity: _____

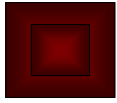
State of Formation: _____

Certified Articles/Documents Needed: _____

ORDER INFORMATION (For Pricing click here)

NOTE: Many states charge fees per page of the documents to be certified the cost cannot be determined in advance, additional state fees may apply. If applicable in your state, any additional fees will be paid to the STATE, not to Infotax Square. An Infotax Square Representative will contact you to discuss additional State Fees.

Standard State Filing Fee:	<input type="text"/>
Infotax Square Fee for filing Certified copies of Documents:	<input type="text"/>
Shipping and Handling:	<input type="text"/>
Total:	<input type="text"/>



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: _____

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**