

**InfotaxSquare** **com** <sup>®</sup>

Incorporate. LLC. Income Taxes. Business Taxes



Online Live Customer Support  
Available 24/7

TOLL FREE  
**1-866-754-4460**

FAX:  
**718-732-2471**

## NAME RESERVATION REQUEST

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

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

### PLEASE SELECT

Type of Entity:

State:

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

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suite/Apt: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### ENTITY INFORMATION

Name of Entity: \_\_\_\_\_

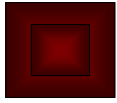
Entity County: \_\_\_\_\_

Has this name previously reserved:                      Yes                      No

**\*If 'YES' Fill This Field:** Registration Number: \_\_\_\_\_

### ORDER INFORMATION ( For Pricing click here )

State Filing Fee:	<input type="text"/>
Infotax Square Fee for requesting your Name Reservation:	<input type="text"/>
Shipping and Handling:	<input type="text"/>
<b>Total:</b>	<input type="text"/>



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**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**