

Non Profit Organization / Religious Corporation

Corporation Type: Non Profit Organization Religious Corporation

Select The State:

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

BUSINESS OVERVIEW

Enter The EXACT Company name which will be your first preference and two alternate corporate names below. Our staff will research your corporation's name availability according to your order of preference.

Type of Entity:

Company Name: _____

Alternative Name1: _____

Alternative Name2: _____

Address: _____

City: _____

State: _____

Zip: _____

County: _____

Business Description: _____

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

First Name: _____

Last Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: (____) _____ - _____

Fax Number (if any): (____) _____ - _____

STOCK INFORMATION

Authorized Shares: _____

Par Value Per Share: _____

OWNER INFORMATION

Please indicate who will serve in the following corporate officer positions

PRESIDENT

Full Name: _____

Social Security Number: _____

(999-99-9999)

Residence Address: _____

City, State, Zip: _____

VICE PRESIDENT

Full Name: _____

Social Security Number: _____

(999-99-9999)

Residence Address: _____

City, State, Zip: _____

SECRETARY

Full Name: _____

Social Security Number: _____

(999-99-9999)

Residence Address: _____

City, State, Zip: _____

TREASURER

Full Name: _____

Social Security Number: _____

(999-99-9999)

Residence Address: _____

City, State, Zip: _____

PURPOSE STATEMENT

Example: "To provide a repair service for automotive and other vehicles and to sell automotive parts, gasoline and diesel fuel."

REGISTERED AGENT INFORMATION

First Name: _____

Last Name: _____

Address: _____

City, State, Zip: _____

ORDER INFORMATION (For Pricing <https://www.infotaxsquare.com/forms/nonprofit-init.php>)

<input type="radio"/> State Fee:	
<input type="radio"/> Standard Shipping Fee:	
<input type="radio"/> Corporate Kit Fee:	
<input type="radio"/> Employer ID Number Fee:	
<input type="radio"/> State Expedite Fee:	
<input type="radio"/> Resident Agent Fee:	
<input type="radio"/> Sales Tax ID Number Fee:	
<input type="radio"/> Publication Fee:	
<input type="radio"/> Basic Package Fee:	
Total	

CARDHOLDER INFORMATION

- Check (payable to INFOTAX SQUARE) : Our Mailing Address <http://www.infotaxsquare.com/contact.html>
- 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: _____

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

Free Consultation
 +1 (866)754 4460

Official Use Only	Prepared by: _____
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***Important: Please save the form before submitting**