



FRANCISCO V. AGUILAR
 Secretary of State
 401 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov

Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing Service Requested: Regular 24-Hour Expedite (additional fee included)

Name of Entity: Date:

Return to:

Contact Name: Phone:

Return Delivery: (email or fax options do not receive a copy via mail; must be ordered separately)

Email to: Fax to:

Hold for Pick Up Mail to Address Above FedEx: Acct #

Other: (explain below)

Order Description: (include items being ordered and fee breakdown)*

***PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

Check/Money Order Credit Card (attach ePayment checklist) Trust Account:

Use balance remaining in job #



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ePayment Checklist

All major credit cards are accepted. For security purposes, please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

Processing Requested:

- Regular
 24-HOUR Expedite
 4-HOUR Expedite (Apostille only)
 2-HOUR Expedite
 1-HOUR Expedite
 Same Day (Domestic Partnership only)

Order Information (required)

Entity Name/Order Reference: _____

Cardholder Name (as shown on credit card): _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Last 4 Digits of Credit Card: _____ Card Type: VISA MasterCard Amex Discover

Authorized to Charge: _____

By signing this form, I understand that there will be a non-refundable credit card payment processing fee of 2.5% added to the total amount of the transaction. I understand if I do not wish to pay the credit card processing fee, I can either mail a check, or pay in person by cash, check, or money order. I certify that I am the cardholder and responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment.

Authorized Signature

X _____ Date: _____

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Credit Card Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Security Code* _____</p> <p><small>*3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card.</small></p>	<p>All 3 fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>