



SECRETARY OF STATE
BUSINESS AND PUBLIC FILINGS DIVISION PAYMENT FORM

FOR CUSTOMER USE ONLY (PLEASE PRINT OR TYPE)		
Cardholder Name:		
Address:		
City:	State:	Zip:
Phone No.: ()	Fax No.: ()	
TYPE DOCUMENT TO BE FILED:	ENTITY NAME(s):	
SHIP TO ADDRESS: <i>(if different than Address above)</i>	EXPEDITED HANDLING REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Additional charge of \$25 per document for expedited service)</i>	
SELECT PAYMENT TYPE AND PROVIDE REQUESTED INFORMATION		
Charge to: Secretary of State Client ID No.: <i>(if applicable)</i>		
Charge to: <input type="checkbox"/> VISA® <input type="checkbox"/> MasterCard® <input type="checkbox"/> Discover®	Charge to: <input type="checkbox"/> LegalEase SM	
<i>* Fees paid by credit card are subject to a convenience fee (currently 2.7%) of the total fees incurred.</i>	<i>* For information about LegalEaseSM, call 1-800-253-5749</i>	
Card No.: _ _ _ - _ _ _ - _ _ _ - _ _ _	Card No.: 5 0 0 6 7 9 - _ _ _ _ - _ _ _ - _ _	
Expiration Date: _ _ / _ _ (MO/YR)	Client No.: _ _ _ _ _	Case No.: _ _ _ _
Signature:	Signature:	
Charge to: Client ID No.: <i>(if applicable) (Not Secretary of State Client ID No.)</i>		
FOR SECRETARY OF STATE USE ONLY		
	AMOUNT	BATCH NUMBER:
FILING FEE		
EXPEDITED HANDLING FEE		
TOTAL AMOUNT	\$	