



PLEASE PRINT OR TYPE

Name of Cardholder: _____

Name of Requestor: _____

Billing Address: _____

Street _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____

Type of Document to be Filed: _____

Name on Document: _____ File Number: _____

Credit Card	OR	LegalEase
<p><i>Fees paid by credit card are subject to a convenience fee (currently 2.7%) of the total fees incurred.</i></p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER</p> <p>Card No.: _____ - _____ - _____ - _____</p> <p>Expiration Date: _____</p> <p>Signature: _____</p>		<p><i>For information about LegalEase, call 1-800-253-5749.</i></p> <p>Account No.: _____ - _____ - _____ - _____</p> <p>Client. No.: _____ Case No.: _____</p> <p>Signature: _____</p>

FOR SECRETARY OF STATE USE ONLY

Employee Name: _____	<input type="checkbox"/> PROCESSED
Date: _____	<input type="checkbox"/> REJECTED
CID No.: _____ S.O. No.: _____	Filing Fee(s): \$ _____
	Search Fee(s): \$ _____
	Certificate(s): \$ _____
	Copies: \$ _____
	Credit Card Convenience Fee (2.7%): \$ _____
	Total Amount: \$ _____