



Rev. 9/2018

# Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.



**READ CAREFULLY BEFORE SUBMITTING** - Expedite service is **NOT AVAILABLE** for the following filings:

- >> Tax Department filings including Sole Proprietorships, General Partnerships, and Associations
- >> Dissolution or Withdrawal of Corporation, Voluntary Association or Business Trust

## Order Processing Requested\*:

## \*\*\* Expedite Processing Requires Additional Fees \*\*\*

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> <b>Standard Processing**</b><br>(Avg. processing turnaround<br>5-10 business days) | <input type="checkbox"/> <b>24-HOUR Expedite***</b><br>(additional \$25.00 fee included) | <input type="checkbox"/> <b>2-HOUR Expedite</b><br>(additional \$250.00 fee included) | <input type="checkbox"/> <b>1-HOUR Expedite</b><br>(additional \$500.00 fee included) |
|---|--|---|---|

Email to: [CorpFilings@wvsos.gov](mailto:CorpFilings@wvsos.gov)

Email to: [eFilings@wvsos.gov](mailto:eFilings@wvsos.gov)

\*"Processing" indicates the filing will be completed and registered in the Secretary of State registration database.  
 \*\*Standard Processing applications received by E-MAIL or FAX must include the e-Payment Authorization form with credit card information.  
 \*\*\*NOTE: Orders filed in person through any Secretary of State office location requesting the filing be processed will be assessed a 24-HOUR Expedite fee of \$25.00 per order.

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

Return filing to:  
(Return Address) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Return Delivery Options: Email or Fax options do not receive a copy via mail; must be ordered separately.

- |   |   |
|---|---|
| <input type="checkbox"/> Email to: _____        | <input type="checkbox"/> Fax to: _____                |
| <input type="checkbox"/> Hold for Pick Up       | <input type="checkbox"/> Mail to Return Address above |
| <input type="checkbox"/> Other (explain below): | <input type="checkbox"/> FedEx: Acct # _____          |
|   | <input type="checkbox"/> UPS: Acct # _____            |

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

\* PLEASE NOTE: Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge. **Certified copy requests are an additional \$15 per certified copy being requested.**

Total Amount:

### Payment Method:

- |   |  |
|---|--|
| <input type="checkbox"/> Check/Money Order                | <input type="checkbox"/> Credit Card <span style="border: 1px solid red; padding: 2px;">(Must attach <a href="#">e-Payment Authorization</a> request form including payment information.)</span> |
| <input type="checkbox"/> Cash ( <i>Do Not mail cash</i> ) | <input type="checkbox"/> Pre-paid Acct #: _____ Attach signed pre-paid slip.   |



# e-Payment Authorization

USE BLACK INK ONLY - DO NOT HIGHLIGHT

This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party.

**Service Type:**  Fax  E-mail  Mail

## Payment by Card *(card holder name and billing address required below)*

**Card Type:**  Visa  Mastercard  Discover  American Express

**Credit Card Number:**

**V Code\***

\* 3-digit number on back of VISA, MasterCard and Discover cards.  
4-digit number on front right side of American Express card.

**NOTICE:** For security and verification purposes, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

**Credit Card Expiration Date:** Month:  Year:

**Amount to Charge Card:** USD \$

## Order Information *(required)*

**Entity Name:**

## Card Holder Information:

Name as it appears on the account   
Billing Address   
City  State  Zip Code   
Telephone  Ext.

## Payment Information Storage Authorization *(optional)*

I authorize the Secretary of State to store this payment information for future payment transactions processed by Secretary of State:

**X** \_\_\_\_\_ Date   
**Authorized Signature**

## Payment Authorization *(required)*

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

**X** \_\_\_\_\_ Date   
**Authorized Signature**

**Not to Exceed Amount:** USD \$