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Business Documents Filing in All 50 States

Certificate of Good Standing

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

PLEASE SELECT

Type of Entity: _____

State: _____

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

First Name: _____

Last Name: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Phone: (_____)_____-_____

Fax: (_____)_____-_____

BUSINESS OVERVIEW

Name of Entity: _____

State of Formation: _____

Date of Formation: _____(mm/dd/yyyy)

Employer ID Number: _____

Address: _____(If different from the above)

Suite/Apt: _____

City, State, Zip: _____

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ORDER INFORMATION (For Pricing https://www.infotaxsquare.com/forms/good_standing_cert.php)

Please Note: State filing Fees may vary. Infotax Square representative will contact you to discuss additional state fees. If Applicable

State Filing Fee:	
Include Expedite Filing Fees:	
Infotax Square Fee for filing Your Certificate of Good Standing:	
Shipping and Handling (UPS Delivery):	
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

Official Use Only	Prepared by: _____

Free Consultation
+1 (866)754 4460

*Important: Please save the form before