

Name Reservation Request

Please complete the requested information below for your Name Reservation Request.
 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: (____) _____ - _____

ENTITY INFORMATION

Name of Entity: _____

Entity County: _____

Has this name previously reserved: Yes No

***If 'YES' Fill This Field:** Registration Number: _____

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

State Filing Fee:	
Infotax Square Fee for requesting your Name Reservation:	
Shipping and Handling:	
Total:	

CARDHOLDER INFORMATION

- Check (payable to INFOTAX SQUARE): Our Mailing Address <http://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: _____ City, State, Zip _____

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

Free Consultation
+1 (866)754 4460

Official Use Only	Prepared by: _____
-------------------	--------------------

***Important: Please save the form before submitting**

Have a Question? Please contact our customer service department at 866-754-4460 or 516-822-3100, 516-822-3175.
 You may also email your questions to info@infotaxsquare.com or take advantage of our Live Chat option. Live Chat available 24/7