

Payment Authorization Request

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: _____

ORDER INFORMATION

Purpose / Order Description: _____

Total Amount Authorized:

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.

Free Consultation
 +1 (866)754 4460

 Name / Signature

Official Use Only Prepared by: _____

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