



Trademark Registration

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

Subscription Type

New or Existing Entity: New Existing

Please Select

Select State:

Type of Entity:

County: _____

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: _____

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

Address: _____ (If different from the above)

Suite/Apt: _____

City, State, Zip: _____

Date trademark was first used: _____ (mm/dd/yyyy)

Trademark Description: _____ (including a written description of design features, if any)



Trademark is used for: _____ (Describe the specific goods being produced on which the trademark is used)

Trademark Placements: _____ (State the manner in which the trademark is placed on the goods, containers, etc.)

OFFICERS/DIRECTORS' INFORMATION

OFFICER 1

Full Name: _____

Address: _____

City, State, Zip: _____

Phone, Fax: _____

Stock: _____ (Stock owned or percentage of ownership.)

Date Acquired: _____ (mm/dd/yyyy)

OFFICER 2

Full Name: _____

Address: _____

City, State, Zip: _____

Phone, Fax: _____

Stock: _____ (Stock owned or percentage of ownership.)

Date Acquired: _____ (mm/dd/yyyy)

OFFICER 3

Full Name: _____

Address: _____

City, State, Zip: _____

Phone, Fax: _____

Stock: _____ (Stock owned or percentage of ownership.)

Date Acquired: _____ (mm/dd/yyyy)



infotaxsquare.comsm

Business Documents Filing in All 50 States

TEL: 1-866-754-4460

FAX: 718.732.2471

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

Infotax Square fees for trademark registration:	
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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:

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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: _____
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***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