

Authorized Signature

ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708 Website: www.nvsos.gov

ePayment Checklist (For Counter, Fax and Mail Requests)

		USE	BLACK INK ONLY - DO NOT HIGHLIGHT
Service Type: Counter	Mail	Fax	
Order Processing Requested: (Expedite Processing Requires Additional Fees)			
Regular Processing 24-	-HOUR Expedite	2-HOUR Expedite	1-HOUR Expedite
Payment by Card (card holde	er name and billing	address required below)	
Card Type: VISA	MasterCard	Discover	American Express
Customer Credit Card Number:			V CODE*
 * 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card. 			
NOTICE: For security and verification p (VCode) number located on the credit carequest.			•
Credit Card Expiration Date: Month		Year	
		Amount to Charge	Card: USD \$
Order Information (required	d)		
Entity Name/Order Reference:			
Card Holder Information:			
Name as it Appears on the Acco	ount		
Billing Addr	ress		
City, State,	, Zip		
Teleph	none		
Payment Authorization I authorize the Secretary of State to bill account(s):	an amount not to exc	eed the following to be charg	ged to the above listed
X		Not to Exceed Am	ount: USD \$