



BARBARA K. CEGAVSKE
 Secretary of State
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 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 holder name and billing address required below)*

Card Type: VISA MasterCard Discover American Express

Customer Credit Card Number:

V CODE*

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* 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 purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date: Month Year

Amount to Charge Card: USD \$

Order Information *(required)*

Entity Name/Order Reference:

Card Holder Information:

| | |
|-----------------------------------|--|
| Name as it Appears on the Account | <input style="width: 95%; height: 20px;" type="text"/> |
| Billing Address | <input style="width: 95%; height: 20px;" type="text"/> |
| City, State, Zip | <input style="width: 95%; height: 20px;" type="text"/> |
| Telephone | <input style="width: 95%; height: 20px;" type="text"/> |
| | Ext <input style="width: 50px;" type="text"/> |

Payment Authorization

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

X

Authorized Signature

Not to Exceed Amount: USD \$