

Fax to 800-498-3611 OR e-mail to order@sundocumentfilings.com Time & Date rec'd: _____ **ORDER FORM**

Routine service - request takes about 4 business hours

2 HOUR RUSH - Add \$20.00 - You must purchase

STEP 1: Choose an option (check only one):

a rush if you want to file your document in 2 hours or less.

Check Name Availability only

Check Name Availability AND Reserve The Name

STEP 2: Type of entity (check only one): Corporation LLC LP

PLEASE NOTE: Punctuation such as () -./ & or "the" or turning a word from a singular form to a plural form will not make it different. Changing the company indicator (Inc., Corp., Incorporated, etc.) does not make the name different. The Secretary of State considers ABC Inc. and ABC Corp. as the exact same name. **NOTE: Names are reserved for 60 calendar days.**

STEP 3: Choose Name: Please indicate your 1st, 2nd, and 3rd choice below. We will reserve the first name that is available.

1st Choice:

For office use ONLY () is available () is available and reserved # _____
() is available only with consent from *: () is not available. The state has*: () Name will expire on*
* _____

2nd Choice:

For office use ONLY () is available. () is available and reserved # _____
() is available only with consent from **: () is not available. The state has**: () Name will expire on**
** _____

3rd Choice:

For office use ONLY () is available. () is available and reserved # _____
() is available only with consent from ***: () is not available. The state has***:() Name will expire on***
*** _____

STEP 4: Fees - Our service fee: \$30.00 for up to 3 proposed names; same entity, same phone call. If the 1st name choice is available, the remaining names will not be researched. Secretary of State Fees: Name availability for each name checked: \$4.00. Reservation Fee: \$10.00 per name (plus \$4.00 to check name availability). If the first name is reserved the total is \$44.00. On a rush, the total is \$64.00.

STEP 5: THE PROPOSED NAME IS TO BE RESERVED FOR USE BY:

Firm Name (if applicable): _____
Attn (First and Last Name - Required): _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone with area code (required): _____ Alt. #: _____
Email (required): _____

Fax (optional) _____

STEP 6: Payment Information:

Credit Card Type: Visa MasterCard American Express Discover
I am paying with a personal credit card I am paying with a corporate credit card*
Name of Corporation (exactly as it appears on the card): _____
Card Number: _____ Exp. Date ____/____ (mo/yy)
Billing address: same as name reservation
Different billing address: _____
City: _____ State: _____ Zip: _____
Total Amount: _____ (Please indicate our fee, the state fee, and any shipping fee)

**Signature of Card Holder (Required): _____

**Name of Card Holder (exactly as it appears on the card - Required): _____

By signing this form, I give permission to Sun Document Filings (SDF) to bill my credit card for the price of this order. I confirm that I have read and agree with Sun Document Filings' terms and conditions that are found on their website. I understand that if none of the names are available, I still have to pay any applicable state fee(s) and service fees. Most requests will take 4 business hours or less to complete. Name reservations are valid for sixty calendar days. The Secretary of State will mail the name reservation certificate directly to the person(s) named in Step 5.