



INC CORPORATE SERVICES

ORDER FORM

Date:	
Company:	Name:
Address:	
Tel:	Fax:

Type of Service :	(Ex: Incorporation, Amendment, LLC, DBA, UCC, etc)
Preferred Names : 1.	
2.	
3.	
County of Principal Office :	Number of Shares: Default 200 NPV
Name of President :	
Service of Process Address :	

Check Type:	<input type="checkbox"/> Expedited Service	<input type="checkbox"/> Routine Service	
Check State:	<input type="checkbox"/> New York	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Other _____
Certified Copy :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Credit Card No : _____ Exp. Date: _____

Remarks, if any : _____

Services Rendered

- **Health, Life Insurance / Annuity / Disability & Long-Term Care Planning**
- **Retirement Planning** (IRA, Roth IRA, SEP IRA, SIMPLE IRA, 401K, 403B, Pension Plan, 529 Plan)
- **Business Benefit Planning** (Group Medical Plans, Term Life, Long & Short-Term Disability)
- **Incorporation** (INC, LLC, PC, PLLC, LLP, NON-PROFIT, DBA) / **Amendment /Corporate Kit**
- **501(c) Tax Exemption / Trademark / UCC & JUD Search**