



FRANCISCO V. AGUILAR  
Secretary of State  
401 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)

## Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing  
Service Requested: ☐ Regular ☐ 24-Hour Expedite (additional fee included)

Name of Entity:

Date:

Return to:

Contact Name:

Phone:

**Return Delivery:** (email or fax options do not receive a copy via mail; must be ordered separately)

☐ Email to:

☐ Fax to:

☐ Hold for Pick Up

☐ Mail to Address Above

☐ FedEx: Acct #

☐ Other: (explain below)

Order Description: (include items being ordered and fee breakdown)\*

**\*PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

☐ Check/Money Order

☐ Credit Card (attach ePayment checklist)

☐ Trust Account:

☐ Use balance remaining in job #



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## ePayment Checklist

All major credit cards are accepted. For security purposes, please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

### Processing Requested:

- ☐ Regular      ☐ 24-HOUR Expedite      ☐ 4-HOUR Expedite (Apostille only)  
☐ 2-HOUR Expedite      ☐ 1-HOUR Expedite      ☐ Same Day (Domestic Partnership only)

### Order Information (required)

Entity Name/Order Reference: \_\_\_\_\_

Cardholder Name (as shown on credit card): \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Last 4 Digits of Credit Card: \_\_\_\_\_ Card Type: ☐ VISA ☐ MasterCard ☐ Amex ☐ Discover

Authorized to Charge: \_\_\_\_\_

By signing this form, I understand that there will be a non-refundable credit card payment processing fee of 2.5% added to the total amount of the transaction. I understand if I do not wish to pay the credit card processing fee, I can either mail a check, or pay in person by cash, check, or money order. I certify that I am the cardholder and responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment.

### Authorized Signature

X \_\_\_\_\_ Date: \_\_\_\_\_

### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: \_\_\_\_\_
2. Expiration Date: \_\_\_\_\_
3. Security 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.

All 3 fields **MUST**  
be completed!  
  
This section will be  
destroyed after the  
payment is processed.