Payment Form

(Revised 06/16)

Please select requested processing:

☐ **Expedited Handling** (not available for Authentication Services or Trademark Applications)
   ($25 per corporate document/$10 for copies/ $15 for UCC)

☐ **Regular Handling**

SUBMITTER INFORMATION:

Company/Firm or
Individual Name: _____

Street: _____

City/State/Zip: _____

Phone: _____   Fax: _____

Email: _____

DOCUMENT FILING INFORMATION:

Name listed on document: _____

File # (*if applicable*): _____

Type of Document: _____

Number of Pages: _____

INSTRUCTIONS:

Mark the appropriate handling request.
   If expedited include an email address.

Submitter Information: Completely fill out information of the person/company submitting the documents.

Document Filing Information: Completely fill out information regarding the document that is being submitted.

Payment Information: Check the box with your method of payment. Include the necessary information. For Mastercard, Visa, and Discover, the Security Code is the last three digits in the signature area on the back of your card. For American Express, it is the four digits on the front of the card. *Fees paid by credit card are subject to a statutorily authorized convenience fee of 2.7% of the total fees incurred.*

Return To: Include a return address to which the documents should be returned. If same as submitter, check the box.

PAYMENT INFORMATION:

☐ **Visa**   ☐ **Mastercard**   ☐ **Discover**   ☐ **American Express**   ☐ **Check/Money Order Enclosed** (no electronic check)

Card #: _____

Exp (MM/YY): _____   Security Code: _____   ☐ **Client Account**

Name on Card: _____   Account #: _____

Billing Address: _____   Name on Account: _____

City/State: _____

Zip Code: _____   ☐ **LegalEase**   -

                              Account #:   500679 - _____ -

Signature: _____   Client Reference #: _____

RETURN TO: ☐ Same as submitter

Name: _____

Street: _____

City/State/Zip: _____

Phone: _____   Fax: _____

Email: _____