

**SECRETARY OF STATE  
CORPORATIONS SECTION**



**CARD PAYMENT FORM  
FAX NO. (512) 463-5709**

**FOR CUSTOMER USE (PLEASE PRINT OR TYPE)**

Name of Cardholder:	
Address:	
City:	State: Zip:
Phone No.: ( )	FAX No.: ( )
TYPE DOCUMENT TO BE FILED:	NAME OF ENTITY:
SPECIAL INSTRUCTIONS:	EXPEDITED HANDLING REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Additional charge of \$25 for document processing) (Additional charge of \$10 for copies/certificates)</i>

**SELECT PAYMENT CARD TYPE AND PROVIDE REQUESTED INFORMATION**

The undersigned authorizes the fees to be charged to: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	The undersigned authorizes the fees to be charged to: <input type="checkbox"/> LegalEase™ (For information about LegalEase, call 1-800/253-5749)
Card No.: -	Card No.: 5 0 0 6 7 9 - - - - - - - - - - - - - - - -
Expiration Date: _ _ / _ _ (MO/YR)	Client No.: _ _ _ _ _ Case No. _ _ _ _
Signature: _____	Signature: _____

**FOR SECRETARY OF STATE USE**

PROCESSED BY:	FILED <input type="checkbox"/>
NEWT <input type="checkbox"/> CHAT <input type="checkbox"/> STAT <input type="checkbox"/> CERT <input type="checkbox"/> OTHER <input type="checkbox"/> EXAMINER NAME _____	REJECTED <input type="checkbox"/>
File Number _____, _____, _____	
FILING FEE(S):	\$
EXPEDITED HANDLING FEE:	\$
CID # _____ S.O. # _____	CERTIFYING FEE: \$
	FILING GUIDE: \$
	(Credit Card Only) Processing Charge 2.1% \$
	TOTAL AMOUNT \$