NEW YORK STATE | **Department of State**
Corporations, State Records & UCC

New York State
Department of State
DIVISION OF CORPORATIONS
One Commerce Plaza
99 Washington Ave.
Albany, NY 12231-0001
https://dos.ny.gov

Credit Card/Debit Card Authorization

Attach this form to your document, certificate or other written request.

The Name of the Corporation or Business Entity to Which This Request Applies is:

_____

Check Box for Requested Service:	**Fill in Fee or Amount:**
☐ FILING OF DOCUMENT OR CERTIFICATE (***Consult appropriate fee schedule for fee)***	$ _____
Check the appropriate box: **Routine Processing**: ☐ No additional fee **Expedited Processing:** ☐ 24-Hour Additional $25 fee ☐ Same Day Additional $75 fee ☐ 2-Hour Additional $150 fee	$ _____
☐ CERTIFIED COPY (***The fee for <u>each</u> certified copy is $10)***	$ _____
Check the appropriate box: **Routine Processing:** ☐ No additional fee **Expedited Processing:** ☐ 24-Hour Additional $25 fee ☐ Same Day Additional $75 fee ☐ 2-Hour Additional $150 fee	$ _____
☐ PLAIN COPY (***The fee for <u>each</u> plain copy is $5)***	$ _____
Check the appropriate box: **Routine Processing:** ☐ No additional fee **Expedited Processing:** ☐ 24-Hour Additional $25 fee ☐ Same Day Additional $75 fee ☐ 2-Hour Additional $150 fee	$ _____
☐ CERTIFICATE OF STATUS (***Certificates of Good Standing, etc. The fee for <u>each</u> certificate is $25.)***	$ _____
Check the appropriate box: **Routine Processing:** ☐ No additional fee **Expedited Processing:** ☐ 24-Hour Additional $25 fee ☐ Same Day Additional $75 fee ☐ 2-Hour Additional $150 fee	$ _____
☐ SERVICE OF PROCESS ***(Must be served in person at the above address)***	$ _____
☐ BIENNIAL / FIVE YEAR STATEMENT	$ _____
☐ OTHER	$ _____
TOTAL *(Total Amount Due)*	**$** _____

<u>Same Day</u> expedited service requests must be received by <u>12 noon</u> on regular business days.

<u>2-hour</u> expedited service requests must be received by <u>2:30 p.m.</u> on regular business days.

Expedited processing fees are charged even if a document, certificate or other request is rejected as deficient.

Credit/Debit Card Information: ☐ **MasterCard** ☐ **Visa** ☐ **American Express**

<u>TYPE OR PRINT CLEARLY</u>

Card Number: _____ Expiration Date (Month/Year): _____

Name as it Appears
on Card: _____

Cardholder's Billing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Cardholder's Signature: _____ **Date:** _____

If the name on the card is in the name of a corporation or
other business entity, please print the signer's name: _____