

Rev. 01/2023

101.01/2023	
Customer Order Requ	est SUBMIT THIS COMPLETED FORM WITH YOUR FILING.
<b>STOP</b> >> Tax Department film	FORE SUBMITTING - Expedite service is NOT AVAILABLE for the following filings: ngs including Sole Proprietorships, General Partnerships, and Associations drawal of Corporation, Voluntary Association or Business Trust
Order Processing Requested*	* * * Expedite Processing Requires Additional Fees * * *
Standard Processing**	24-HOUR Expedite <sup>***</sup> 2-HOUR Expedite 1-HOUR Expedite
Avg. Processing Time: 5-10 business days	(additional \$25.00 fee included) (additional \$250.00 fee included) (additional \$500.00 fee included)
Email to: <u>CorpFilings@wvsos.gov</u>	Email to: eFilings@wvsos.gov
ALL R	equests for Copies of documents email to: <u>Copies@wvsos.gov</u>
**Standard Processing applications received b	eted and registered in the Secretary of State registration database. y E-MAIL or FAX must include the e-Payment Authorization form with credit card information. y Secretary of State office location requesting the filing be processed will be assessed a 24-HOUR
Name of Entity:	
Return filing to: (Return Address)	
Contact Name:	Phone:
Email to:	or Fax options <u>do not</u> receive a copy via mail; must be ordered separately.
Order Description (include items being	ordered and fee breakdown):
	pt by this office. Include a copy of the original filing if at no extra charge. <u>Certified copy requests</u> are an <b>Total Amount:</b>

additional <u>\$15 per certified copy</u> being requested.

incu	copy	reques	13

## **Payment Method:**

ſ

Check/Money Order	Credit Card	(Must attach e-Payment Authorization request form including payment information.)
Cash ( <u>Do Not</u> mail cash)	Pre-paid Acct	#: Attach signed pre-paid slip.

West Virginia Secretary of State Business & Licensing Division Tel: (304)558-8000 Fax: (304)558-8381 Website: <u>www.wvsos.gov</u>

		Rev. 11/2017	
e-Payment Authorization	USE BLACK INK ONLY - DO NOT HIGHLIGHT This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party.		
Service Type: Fax E-mail	Mail		
Payment by Card (card holder name and	billing address required below)		
Card Type: Visa N	fastercard Discover	American Express	
Credit Card Number:		<u>V Code</u> *	
<ul> <li>* 3-digit number on back of VISA, Mast</li> <li>4-digit number on front right side of A</li> </ul>			
	tes, all credit card payments must include the 3- on the state of the state of the state of the state of the second state of the state		
Credit Card Expiration Date: Month:	Year:	]	
Order Information (required)	Amount to Charge	Card: USD \$	
Entity Name:			
Card Holder Information:			
Name as it appears on the account			
Billing Address			
City	State	Zip Code	
Telephone	Ext.		
<b>Payment Information Storage Author</b> I authorize the Secretary of State to store this p	rization (optional) ayment information for future payment transactio	ns processed by Secretary of State:	
Χ	Date		
Authorized Signature			
Payment Authorization (required)			
I authorize the Secretary of State to bill an amo	unt not to exceed the following to be charged to t	he above listed account(s):	
X	Date		
Authorized Signature	Not to Exceed Amoun	it: USD \$	