



Accumera LLC
YOUR INCORPORATION SOLUTION

DBA/TRADE NAME ORDER FORM

Accumera LLC • 911 Central Avenue, #101 • Albany, NY 12206
(518) 937-9117 • (888) 467-1289 **toll free** • (518) 937-9128 **fax**
info@accumera.com • www.accumera.com

BILLING INFORMATION

Firm Name (if applicable): _____
Contact Person: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Mobile Phone: _____ Fax: _____
E-mail: _____ Web: _____

SHIPPING INFORMATION (complete only if different from "billing information")

Firm Name (if applicable): _____
Contact Person: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

DBA/TRADE NAME DETAILS

DBA/Trade Name to be registered: _____ State of Registration: _____
Date the DBA/Trade Name started being used or will be used in the state of registration: _____
Provide a brief description of the proposed activities to be conducted under the DBA/Trade Name: _____

County(ies) where the DBA/Trade Name will be used: _____
Address(es) where business will be conducted under the DBA/Trade Name: (attach additional pages if necessary)
Address 1: _____ City: _____ State: _____ Zip: _____
Address 2: _____ City: _____ State: _____ Zip: _____
Address 2: _____ City: _____ State: _____ Zip: _____

OWNERSHIP DETAILS

The registered owner of the DBA/Trade Name will be a: ☐ Corporation ☐ LLC ☐ Not-For-Profit ☐ PC ☐ PLLC ☐ Individual(s)
Phone number: _____ E-mail: _____ Website Address: _____

If owner is a Corporation, LLC, Not-For-Profit, PC or PLLC provide the following:

Name: _____ State of Formation: _____ Date of Formation: _____
Address: _____ City: _____ State: _____ Zip: _____

Names, titles and addresses of all owners, members or partners comprising the business: (attach additional pages if necessary)

1st	Name:(First/Last) _____	Title: _____
	Address: _____	City: _____ State: _____ Zip: _____
2nd	Name:(First/Last) _____	Title: _____
	Address: _____	City: _____ State: _____ Zip: _____
3rd	Name (First/Last) _____	Title: _____
	Address: _____	City: _____ State: _____ Zip: _____
4th	Name:(First/Last) _____	Title: _____
	Address: _____	City: _____ State: _____ Zip: _____

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SIGNER INFORMATION			
Name and title of the authorized signer:		Title:	
ADDITIONAL OPTIONS			
<input type="checkbox"/> Expedite my request (If selected we will disburse any additional state fees in order to expedite your filing)			
<input type="checkbox"/> Certified copy of the DBA/Trade Name filing <i>(Required by some jurisdictions)</i>			
<input type="checkbox"/> Mandatory Publication requirement <i>(Required in California, Florida, Illinois, Minnesota & Pennsylvania)</i>			
<input type="checkbox"/> Pocket seal with DBA/Trade Name and state of registration			
RETURN METHOD			
All documents will be emailed to you immediately upon receipt. Please designate how you would like the originals returned to you.			
<input type="checkbox"/> U.S.P.S First Class Mail <input type="checkbox"/> Fed-Ex 2-Day <input type="checkbox"/> Fed-Ex Standard Overnight <input type="checkbox"/> Fed-Ex Priority Overnight			
PAYMENT			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Card Number:	
<input type="checkbox"/> Check or Money Order (Enclosed)		Expiration Date: (Month/Year)	
		Verification Code:	
Card Address:		City:	
		State:	
		Zip:	
Cardholder Name (First/Last):		Cardholder Signature:	
Credit Card Authorization By Submitting this form I authorize Accumera LLC to charge my credit card for the services requested.			

SIGNER INFORMATION

Name and title of the authorized signer: _____ **Title:** _____

ADDITIONAL OPTIONS

- ☐ Expedite my request (If selected we will disburse any additional state fees in order to expedite your filing)
- ☐ Certified copy of the DBA/Trade Name filing **(Required by some jurisdictions)**
- ☐ Mandatory Publication requirement **(Required in California, Florida, Illinois, Minnesota & Pennsylvania)**
- ☐ Pocket seal with DBA/Trade Name and state of registration

RETURN METHOD

All documents will be emailed to you immediately upon receipt. Please designate how you would like the originals returned to you.

- ☐ U.S.P.S First Class Mail ☐ Fed-Ex 2-Day ☐ Fed-Ex Standard Overnight ☐ Fed-Ex Priority Overnight

PAYMENT

- [illegible]

Card Address: _____ City: _____ State: _____ Zip: _____

Cardholder Name (First/Last): _____ Cardholder Signature: _____

Credit Card Authorization By Submitting this form I authorize Accumera LLC to charge my credit card for the services requested.