



## DBA/TRADE NAME ORDER FORM

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### 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)

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

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### 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, Georgia, Illinois, Minnesota, Nebraska & 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

**Payment Authorization:** By submitting this form I authorize Accumera LLC to take payment for the services requested via the following payment method. Payments can be made by **eCheck, Visa, MasterCard, AMEX, Discover and wire transfer.**

- Use my payment method already on file
- Email me an invoice for the services requested and I will make a payment online at <https://payments.accumera.com>

First Name/Last Name: \_\_\_\_\_ Signature: \_\_\_\_\_