



DOCUMENT REQUEST 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: _____

COMPANY NAME & STATE

Company Name: _____
State from which document is to be obtained: _____ Date of Formation: _____

DOCUMENTS REQUESTED (select all that apply)

All documents are obtained on a routine basis. Select "Expedite My Request" in "Additional Options" if you need the document right away.

- Certificate of good standing /certificate of existence
- Certified copy of the formation document
- Certified copy of amendment (Date Filed: _____ Amendment Type: _____)
- Certified copy other (Date Filed: _____ Document Type: _____)
- Certified copy of all documents on record
- I don't know what is on record. Please let me know what documents I can order
- Notarized certificate of incumbency/good standing (Document containing all your company details prepared by Accumera LLC)
- UCC search with copies of filings on record

ADDITIONAL OPTIONS

- Expedite my request (If selected we will disburse any additional state fee in order to expedite your document request)
- Apostille my document (Country if intended use: _____)
- US State Dept. and Consulate Authentication (Country if intended use: _____)

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

Visa MasterCard American Express Discover Card Number:

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.