



BILLING INFORMATION

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

SHIPPING INFORMATION

Shipping Method: USPS - **OR** - Fed-Ex: Express Saver 2-Day (included in package) Standard Overnight Priority Overnight
Firm Name (if applicable): _____
Contact Person: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

STATE OF FORMATION

The state where you would like your new company formed: _____
The county within this state where the principal office of the company will be located: _____

COMPANY NAME & PURPOSE

Provide up to three proposed company names in order of preference. Include a state approved corporate ending such as "incorporated", "corporation" or "limited" or an abbreviation such as, "Inc.", "Corp." or "Ltd." (**Note:** Your name will be formed **EXACTLY** as entered here)

1st Choice: _____
2nd Choice: _____
3rd Choice: _____

Provide a description of the proposed activities of the company. Be as specific as possible. (Use **Page 3** to provide additional information)

Will the company apply for Federal Tax Exemption? Yes No If YES, under what section of law? 501(c)(3) Other: _____

ADDRESSES

Principal/Physical office address of the company:

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

Mailing address of the company: (complete only if different from "principal/physical" office address)

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

Registered Agent (R/A): (Must be a resident person, or company, with a physical address in the state of formation)

I want Accumera LLC to provide this service. Use my R/A details as follows:

Name: _____ (Must be a resident of the state of formation)

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

NOT-FOR-PROFIT ORDER FORM - PAGE 2

MANAGEMENT (Use Page 3 to list additional names)

List the name, title and address of each **Officer**: (For "Title" check all that apply)

1st	Name: _____	Title: <input type="checkbox"/> Pres. <input type="checkbox"/> V. Pres. <input type="checkbox"/> Sec. <input type="checkbox"/> Treas. <input type="checkbox"/> Other: _____
	Address: _____	City: _____ State: _____ Zip: _____
2nd	Name: _____	Title: <input type="checkbox"/> Pres. <input type="checkbox"/> V. Pres. <input type="checkbox"/> Sec. <input type="checkbox"/> Treas. <input type="checkbox"/> Other: _____
	Address: _____	City: _____ State: _____ Zip: _____
3rd	Name: _____	Title: <input type="checkbox"/> Pres. <input type="checkbox"/> V. Pres. <input type="checkbox"/> Sec. <input type="checkbox"/> Treas. <input type="checkbox"/> Other: _____
	Address: _____	City: _____ State: _____ Zip: _____

List the name and address of each **Director**: (Minimum of 3 required in most states)

1st	Name: _____	City: _____ State: _____ Zip: _____
	Address: _____	
2nd	Name: _____	City: _____ State: _____ Zip: _____
	Address: _____	
3rd	Name: _____	City: _____ State: _____ Zip: _____
	Address: _____	

Will the Not-For-Profit company have members? Yes No

FORMATION PACKAGE AND ADDITIONAL OPTIONS

Choose Formation Package: (Call us or visit www.accumera.com for our package fees)

<input type="checkbox"/> Economy Package	<input type="checkbox"/> Value Package	<input type="checkbox"/> Premium Package - (Complete Page 3)
⇒ Unlimited phone support	⇒ All Items From Economy Package plus...	⇒ All Items From Value Package plus...
⇒ Company name search	⇒ Expedited state filing fees (if applicable)	⇒ Certified copy of your formation document ordered on an expedited basis
⇒ 24-Hour order processing	⇒ Corporate Kit (Includes: 3-ring Binder with 265 sheet capacity, gold detailing and matching slipcase)	⇒ Preparation of the SS-4 application and obtain federal tax ID number (EIN)
⇒ Professional preparation and review of documents	⇒ Customized folding 1-5/8" Corporate Seal	⇒ Preprinted minutes and bylaws
⇒ Electronic or paper submission of filing	⇒ 20 Membership Certificates printed on high quality, 24lb paper, with watermark and copy protection	⇒ NFP minutes and bylaws on CD in "fully editable" .WORD format
⇒ Fed-Ex shipping to/from state (if applicable)	⇒ Membership ledger	
⇒ All state formation filing fees	⇒ NFP minutes and bylaws on CD in .PDF format	
⇒ E-mail confirmation of filing and delivery of formation documents	⇒ Fed-Ex ground shipping of corporate kit	
⇒ Fed-Ex 2-day shipping of original documents		

Choose Additional Options:

<input type="checkbox"/> Expedite my request with the filing agency** <input type="checkbox"/> Certified copy of your formation document* <input type="checkbox"/> Certificate of good standing <input type="checkbox"/> Obtain federal tax ID number (EIN)* - Complete Page 3 <input type="checkbox"/> NFP min. and bylaws on CD in "fully editable" .WORD format* <input type="checkbox"/> Preprinted min. and bylaws* <input type="checkbox"/> Preprinted membership certificates and membership ledger* <input type="checkbox"/> Annual registered agent services <input type="checkbox"/> BUSINESS LICENSE RESEARCH PACKAGE (Includes forms, instructions & agency contact info)	<input type="checkbox"/> File mandatory initial report (Required in AK, CA, CT, GA and NM) <input type="checkbox"/> Mandatory publication requirement (Required in AZ, GA, NE and PA) <input type="checkbox"/> Prepare Federal Tax Exemption (1023, 1023-EZ, 1024, etc.) <input type="checkbox"/> Prepare State Tax Exemption <input type="checkbox"/> Prepare State Charitable Registration <p style="text-align: right; font-size: small;">*Included in "Premium" Package **Included in "Value" and "Premium" Packages</p>
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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: _____

NOT-FOR-PROFIT ORDER FORM - PAGE 3

USE THIS PAGE TO REPORT ADDITIONAL MANAGEMENT, PURPOSE CLAUSE AND EIN INFORMATION

ADDITIONAL MANAGEMENT/MEMBERSHIP *(Attach additional pages if necessary)*

List the name, title and address of each Officer: (For "Title" check all that apply)

4th	Name: _____	Title: <input type="checkbox"/> Pres. <input type="checkbox"/> V. Pres. <input type="checkbox"/> Sec. <input type="checkbox"/> Treas. <input type="checkbox"/> Other: _____
	Address: _____	City: _____ State: _____ Zip: _____
5th	Name: _____	Title: <input type="checkbox"/> Pres. <input type="checkbox"/> V. Pres. <input type="checkbox"/> Sec. <input type="checkbox"/> Treas. <input type="checkbox"/> Other: _____
	Address: _____	City: _____ State: _____ Zip: _____
6th	Name: _____	Title: <input type="checkbox"/> Pres. <input type="checkbox"/> V. Pres. <input type="checkbox"/> Sec. <input type="checkbox"/> Treas. <input type="checkbox"/> Other: _____
	Address: _____	City: _____ State: _____ Zip: _____
7th	Name: _____	Title: <input type="checkbox"/> Pres. <input type="checkbox"/> V. Pres. <input type="checkbox"/> Sec. <input type="checkbox"/> Treas. <input type="checkbox"/> Other: _____
	Address: _____	City: _____ State: _____ Zip: _____

List the name and address of each Director:

4th	Name: _____	City: _____ State: _____ Zip: _____
	Address: _____	
5th	Name: _____	City: _____ State: _____ Zip: _____
	Address: _____	
6th	Name: _____	City: _____ State: _____ Zip: _____
	Address: _____	
7th	Name: _____	City: _____ State: _____ Zip: _____
	Address: _____	

ADDITIONAL PURPOSE CLAUSE

FEDERAL TAX ID NUMBER (EIN) INFORMATION

Provide the following information so we can obtain your Federal Tax Identification Number (EIN).

For security, call to provide SSN

Name and SSN/EIN of the "responsible party" to be listed with the IRS: _____

X	X	X	-	X	X	-	X	X	X	X
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Phone # to list with tax department: _____

Fax # to list with tax department, if any: _____

Financial year end date: (ex. 12/31) _____

Expected Number of Employees, if any: _____

If the company has employees, does it expect to pay \$4,000 or less in total wages? Yes No

If the company has employees, what is the expected date that wages will be paid to employees? (MM/DD/YY) _____

Please call, (888) 467-1289, with any questions. We will contact you for any additional required information. Thank you!