





**CREDIT CARD AUTHORIZATION FORM - Billing Information**  
**(PLEASE PRINT, COMPLETE AND FAX THIS FORM TO (703) 995-0899)**

\_\_\_\_\_ Does hereby authorize Global Corporate Services, Inc.  
**(Name on Card)**

to charge the amount of \$ \_\_\_\_\_ to (check one):        

**Account No.** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_ **CVV Security Code** \_\_\_\_\_

**Services Requested:**  Filing of Corporation or LLC W / EIN,  W / out EIN,  Bank Account,  Corporate Kit,  Apostille,  Certificate of Good Standing,  Federal ID No. only,  Merchant Account,  Registered Agent Fee

**Billing Address** \_\_\_\_\_  
(if mail forwarding address is different, use separate sheet of paper)

**City, State, Zip** \_\_\_\_\_ **Country** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_ **Fax No.** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**If no SSN: Passport No.** \_\_\_\_\_ **Country Issued** \_\_\_\_\_

**Date Issued** \_\_\_\_\_ **Date Expires** \_\_\_\_\_

**Signed By** \_\_\_\_\_ **Title** \_\_\_\_\_ **Dated** \_\_\_\_\_

**Please check one:**  CORPORATION FOR PROFIT,  NON PROFIT CORPORATION,  LLC,  SERIES LLC,  LIMITED PARTNERSHIP

**Choice 1** NAME OF  CORP,  LLC \_\_\_\_\_ (CORP Fee includes 1500 shares at No Par Value)

**Choice 2** NAME OF  CORP,  LLC \_\_\_\_\_ (CORP Fee includes 1500 shares at No Par Value)

**For Corporation:** Will the Corporation file taxes as a  "C" Corporation - file 1120 or a  "S" Corporation - file 1120S

If Authorized Shares are other than 1500 at No Par Value please state here. Other:  No Par Value  Par Value. Number if shares \_\_\_\_\_ at \_\_\_\_\_ per share. (There may be additional filing fees for Other)

**For Limited Liability Company:** Will the LLC like to be taxed as a  As a Corporation or a  As a Partnership?

Is this a  Single Member LLC or a  Multi Member LLC? Note: A single member LLC will be considered a sole proprietorship and will be taxed accordingly.

**Principal business activity** \_\_\_\_\_ **Month Fiscal Year Ends** \_\_\_\_\_ **No. of Employees** \_\_\_\_\_

**To whom are products or services mostly sold**  Public,  Wholesale,  Other \_\_\_\_\_

**Please fax** a CLEAR copy of your passport with your picture and Passport ID No. if no Social Security Number is available

**Initial [ ] Please acknowledge.** There are no cancellations and/or refunds once the corporation has been filed with the State of Delaware. Please sign and fax this form back to Global Corporate Services, Inc. at (703) 995-0899.

**Initial [ ] I have read the disclaimer. Disclaimer:** You are responsible for making sure that all documents submitted for the purpose of setting up a new corporation or limited liability company, bank account etc., are suitable for such purpose and otherwise legally sufficient. This includes, without limitation, ensuring that the documents are properly dated, executed, and certified where appropriate. Global Corporate Services, Inc. reserves the right to retain any moneys it receives if there is positive evidence of fraud or any other material civil or criminal infractions by the applicant. Intentional falsifying or withholding of information may subject the applicant to prosecution under the laws of the State of Delaware and United States. In select cases, Global Corporate Services, Inc. may be obligated to share information with appropriate state and federal authorities. I have not received personal counsel or tax advice from Global Corporate Services, Inc.