

Fax Cover Sheet

To: Division of Corporations, State of New York

Fax #: 516 473 6128

Email: corps@dfcd.ny.gov

Date: _____

Pages: _____

Filing Type: ☐ Business Filing ☐ UCC/CFS Filing ☐ Other

Credit Card Type:

Credit Card #: _____

Credit Card CSV#: _____

Credit Card Exp Date: _____

Cardholder Name: _____

Billing Zip Code: _____

To Be Receipted To: _____

Contact Name: _____

Contact Phone #: _____

Contact email: _____

Please Expedite This Filing (Additional \$75.00): ☐ Yes ☐ No

(If a selection is not made, it will be understood that the filing is not to be expedited)

Please fax back to me confirmation of filing (\$5.00 plus \$1.00 per page): ☐ Yes ☐ No

(If a selection is not made, it will be understood that the filing will not be faxed back to me)

Contact Fax #: _____

I authorize the Division of Corporations to charge my credit card

Comments: