

Fax Cover Sheet

To: _____

Fax #: (714) 530-6428

Email: ccr@stah.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 Received 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: