

West Virginia Secretary of State

Business & Licensing Division Tel: (304)558-8000 Fax: (304)558-8381 Website: www.wvsos.gov

Rev. 01/2023

Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

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READ CAREFULLY BEFORE SUBMITTING - **Expedite service is NOT AVAILABLE** for the following filings:

>> Tax Department filings including Sole Proprietorships, General Partnerships, and Associations

>> Dissolution or Withdrawal of Corporation, Voluntary Association or Business Trust

Order Processing Requested*: *** Expedite Processing Requires Additional Fees ***		
Standard Processing**	24-HOUR Expedite 2-HOUR Expedite 1-HOUR Expedite	
Avg. Processing Time: 5-10 business days	(additional \$25.00 fee included) (additional \$250.00 fee included) (additional \$500.00 fee included)	
Email to: CorpFilings@wvsos.gov	Email to: eFilings@wvsos.gov	
ALL Requests for Copies of documents email to: Copies@wvsos.gov		
*"Processing" indicates the filing will be completed and registered in the Secretary of State registration database. **Standard Processing applications received by E-MAIL or FAX must include the e-Payment Authorization form with credit card information. ***NOTE: Orders filed in person through any Secretary of State office location requesting the filing be processed will be assessed a 24-HOUR Expedite fee of \$25.00 per order.		
Name of Entity:		
Return filing to: (Return Address)		
Contact Name:	Phone:	
Return Delivery Options: Email	l or Fax options do not receive a copy via mail; must be ordered separately.	
Email to:		
Hold for Pick Up Mail to Return Address above		
Other (explain below):		
Order Description (include items being ordered and fee breakdown):		
* PLEASE NOTE: Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge. Certified copy requests are an additional \$15 per certified copy being requested.		
Payment Method:		
Check/Money Order	Credit Card (Must attach e-Payment Authorization request form including payment information.)	
Cash (Do Not mail cash)	Pre-paid Acct #: Attach signed pre-paid slip.	

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Rev. 11/2017

e-Payment Authorization	USE BLACK INK ONLY - DO NOT HIGHLIGH This document contains confidential financial information and will be properly shredded after paymen has been processed by this office. Electronic storage of payment information is only permitted by signe authorization below which may be retracted at any time by written request by the authorized party.
Service Type: Fax E-mail	Mail
Payment by Card (card holder name and	d billing address required below)
Card Type: Visa	Mastercard Discover American Express
Credit Card Number:	V Code*
* 3-digit number on back of VISA, Mas 4-digit number on front right side of A	
	oses, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number this code will result in the rejection of your filing or service request.
Credit Card Expiration Date: Month:	Year:
	Amount to Charge Card: USD \$
Order Information (required)	
Entity Name:	
Card Holder Information:	
Name as it appears on the account	
Billing Address	
City	State Zip Code
Telephone	Ext.
Payment Information Storage Author I authorize the Secretary of State to store this	payment information for future payment transactions processed by Secretary of State:
X	Date
Authorized Signature	
Payment Authorization (required)	
I authorize the Secretary of State to bill an am	ount not to exceed the following to be charged to the above listed account(s):
X Authorized Signature	Date
Authorized Signature	Not to Exceed Amount: USD \$