

## INCORPORATE ILLINOIS NON PROFIT BY FAX

Instructions: Please complete and fax this sheet Toll Free: 1 (800) 520-7800 to begin the process of forming your Illinois Non Profit Corporation. Spiegel & Utrera, P.A. will contact you to review your details and to provide answers to all your business formation needs.

### CONTACT INFORMATION

Full Name: \_\_\_\_\_

Your daytime phone number: (\_\_\_\_) \_\_\_\_\_ Your fax number (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Your address: \_\_\_\_\_

### INITIAL COMPANY DETAILS

Name of your Non Profit Corporation: \_\_\_\_\_

NATURE OF BUSINESS (Briefly describe what the Non Profit Corporation will do): \_\_\_\_\_

**When we contact you please be sure to have the names, contact information and social security numbers of any additional parties that you would like to be included in the formation of your Non Profit Corporation.**

Illinois Non Profit Corporation                      \$274.95

Please **CIRCLE** Any Additional Services that you would like to be addressed when consulting with Spiegel & Utrera, P.A.:

- |   |  |
|---|--|
| <input type="checkbox"/> General Counsel Club & Registered Agent Service    | <input type="checkbox"/> Indemnification Agreement                                 |
| <input type="checkbox"/> Detours and Contradictions                         | <input type="checkbox"/> Lender's Agreement & Promissory Note                      |
| <input type="checkbox"/> Charlie's Entrepreneurial Journey                  | <input type="checkbox"/> Security Agreement  |
| <input type="checkbox"/> Service Agreement                                  | <input type="checkbox"/> Perfecting the Lien Created by the Security Agreement –   |
| <input type="checkbox"/> Illinois Assumed Corporation Name                  | <input type="checkbox"/> Uniform Commercial Code                                   |
| <input type="checkbox"/> Mail Forwarding Service                            | <input type="checkbox"/> Home Office Lease   |
| <input type="checkbox"/> Non-Voting Members                                 | <input type="checkbox"/> Motor Vehicle Lease                                       |
| <input type="checkbox"/> Business Checking, Investment Account and          | <input type="checkbox"/> Office Equipment Lease                                    |
| <input type="checkbox"/> Delayed Debit Gold MasterCard                      | <input type="checkbox"/> Employee Benefits and Policies                            |
| <input type="checkbox"/> Federal Tax ID Number                              | <input type="checkbox"/> Employment Agreement                                      |
| <input type="checkbox"/> D & B Number                                       | <input type="checkbox"/> Independent Contractor Agreement                          |
| <input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)   | <input type="checkbox"/> 501(c)(3) Corporate Records Compliance                    |
| <input type="checkbox"/> Illinois New Hire Reporting                        | <input type="checkbox"/> 501(c)(3) Application for Exemption with Internal Revenue |
| <input type="checkbox"/> Illinois Unemployment Insurance                    | <input type="checkbox"/> Service   |
| <input type="checkbox"/> Illinois Sales Tax Exemption Number                | <input type="checkbox"/> Charitable Organization Registration Statement            |
| <input type="checkbox"/> Compliance with Post Incorporation Requirements of |  |
| <input type="checkbox"/> the Illinois Not for Profit Corporation Act        |  |

**Remember to visit [www.Amerilawyer.com](http://www.Amerilawyer.com) for a complete list of services.**

### SPEED OF SERVICE

Please **CIRCLE** the Speed of Service in which you would like to receive your order:

NO RUSH - Please provide me with your regular 2-3 week service.

IN A HURRY - Please provide me with your Fast Corp Service (3-4 Business Days!)

NEXT DAY - Please provide me with a Next Day Corporation

### SHIPPING DETAILS

Corporate Packages may be shipped to you via Regular (2-3 day) Service, via Overnight Delivery or may be picked up at anyone of our office locations.

### PAYMENT OPTIONS

After we review your order, how will you be paying for this service? Please provide payment information. **Please note NO charges will be processed until you are contacted by Spiegel & Utrera, P.A.**

Credit Card:  VISA     MasterCard     American Express     Discover     PayPal     Western Union

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card ID Number: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address on Credit Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

To place this order online please visit us at [www.AmeriLawyer.com](http://www.AmeriLawyer.com)