

FORM A
NEW YORK LLC BY FAX

Instructions: Please complete and fax this sheet Toll Free: 1 (800) 520-7800 to begin the process of forming your New York LLC. 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 LLC: _____
NATURE OF BUSINESS (Briefly describe what the LLC 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 LLC.

New York Limited Liability Company \$234.95

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"/> New York Sales Tax Number and Certificate of Authority |
| <input type="checkbox"/> Detours and Contradictions | <input type="checkbox"/> New York Unemployment Tax Account Number |
| <input type="checkbox"/> Charlie's Entrepreneurial Journey | <input type="checkbox"/> Indemnification Agreement |
| <input type="checkbox"/> Service Agreement | <input type="checkbox"/> Lender's Agreement & Promissory Note |
| <input type="checkbox"/> Supplemental Approval of Certain New York LLCs | <input type="checkbox"/> Security Agreement |
| <input type="checkbox"/> Special Certificate of Organization Clauses | <input type="checkbox"/> Perfecting the Lien Created by the Security Agreement - |
| <input type="checkbox"/> for Certain New York LLCs | <input type="checkbox"/> Uniform Commercial Code |
| <input type="checkbox"/> Mail Forwarding Service | <input type="checkbox"/> Operating Agreement |
| <input type="checkbox"/> Non-Voting Membership Interests | <input type="checkbox"/> Members Restrictive Agreement |
| <input type="checkbox"/> Business Checking, Investment Account and | <input type="checkbox"/> Member Divorce Protection Provisions in the Members |
| <input type="checkbox"/> Delayed Debit Gold MasterCard | <input type="checkbox"/> Restrictive Agreement |
| <input type="checkbox"/> Sub Chapter "S" Tax Status | <input type="checkbox"/> Management Agreement |
| <input type="checkbox"/> IRS Section 1244 LLC Membership Interests for | <input type="checkbox"/> Dual Class LLC |
| <input type="checkbox"/> Sub Chapter S LLCs | <input type="checkbox"/> Dual Class Management Agreement |
| <input type="checkbox"/> Federal Tax ID Number | <input type="checkbox"/> Home Office Lease |
| <input type="checkbox"/> D & B Number | <input type="checkbox"/> Motor Vehicle Lease |
| <input type="checkbox"/> Individual Taxpayer Identification Number (ITIN) | <input type="checkbox"/> Office Equipment Lease |
| <input type="checkbox"/> New York New Hire Reporting | <input type="checkbox"/> Employee Benefits and Policies |
| <input type="checkbox"/> New York Purchaser's Blanket Resale & | <input type="checkbox"/> Employment Agreement |
| <input type="checkbox"/> Exemption Certificates | <input type="checkbox"/> Independent Contractor Agreement |
| <input type="checkbox"/> Special Purpose Limited Liability Company for | <input type="checkbox"/> Special Purpose Limited Liability Company for |
| <input type="checkbox"/> Self-Directed IRA Account | <input type="checkbox"/> Self-Directed 401(K) |

Remember to visit 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 LLC Service (3-4 Business Days!)
NEXT DAY - Please provide me with a Next Day LLC

SHIPPING DETAILS

LLC 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