

REGISTER A NEW YORK TRADEMARK OR SERVICEMARK BY FAX

Instructions: Please complete and fax this sheet Toll Free: 1 (800) 520-7800 to begin the process of registering your New York Trademark or Servicemark. Spiegel & Utrera, P.A. will contact you to review your details and to provide answers to all your trademark needs.

CONTACT INFORMATION

Full Name: _____

Your daytime phone number: (____) _____ Your fax number (____) _____

Email address: _____

Your address: _____

INITIAL TRADEMARK/SERVICEMARK DETAILS

Name of your Trademark/Servicemark: _____

GOODS AND SERVICES (Briefly describe the goods or services of the trademark/servicemark): _____

When we contact you please be sure to have the name of the owner of the trademark/servicemark and the date the trademark/servicemark was first used.

New York State Trademark / Servicemark Registration \$89.95 (plus State filing fee)

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

State Trademark or Servicemark Search and Attorney Opinion

Common Law Trademark Search and Attorney Opinion

Combo Search and Attorney Opinion

General Counsel Club & Registered Agent Service

Detours and Contradictions

Charlie's Entrepreneurial Journey

Licensing Agreement

Lender's Agreement & Promissory Note

Security Agreement

Perfecting the Lien Created by the Security Agreement – Uniform Commercial Code

Home Office Lease

Motor Vehicle Lease

Office Equipment Lease

Employment Agreement

Independent Contractor Agreement

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 Service (3 days)

NEXT DAY - Please provide me with Next Day Service

SHIPPING DETAILS

Trademark/Servicemark 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: _____

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