



Publication Order Form

Just fill out this form and fax back to 718-306-9258 or email to info@premiercfs.com

Today's Date _____ Email _____

Firm / Name _____

Phone # _____ Fax # _____

Address for delivery of Documents: _____

❖ Entity Name _____

❖ Date of Formation: _____ County in NY State: _____

❖ Description of Business Purpose _____

- ❖ The NY Publication Filing Service includes the following:
- ❖ Preparation of your ads in compliance with law
- ❖ Placement in properly designated newspapers by county clerk
- ❖ Affidavits of publication and certificate of publication
- ❖ Filing receipt upon completion for your records from NY Department of State

❖ Credit Card Payment: **Visa Mastercard Discover Amex**

❖ Name on Card: _____

❖ Card Number: _____

❖ Exp. Date: _____ CVV: _____

❖ Billing Address: _____

❖ Amount Authorized: _____

❖ Signature: _____

- ❖ 560 Hudson St., Suite 3-4, Hackensack, NJ 07601
- ❖ Phone: 718-317-9727 Fax: 718-306-9258
- ❖ Email: info@premiercfs.com
- ❖ www.Premiercfs.com