



PREMIER CORPORATE SERVICES

EST. 2014

Kits, Seals & Notary Stamps Order Form

Today's Date: _____ Name/Email: _____

Company: _____

Phone #: _____ Fax #: _____

Address for delivery _____

Corporate Kit or Seal Information: (Please select one)

Corporate Kit With Seal _____

Seal Only _____

❖ Name of Entity _____

❖ State of Formation _____ Date Formed _____

❖ Stock Structure: Qty of Shares _____ Par Value _____ (or) No Par Value _____

Notary Seal/Stamp Information: (Please select one)

Notary Stamp _____

Notary Seal _____

❖ Notary/Seal Name _____

❖ Notary/Seal License number _____

❖ The State & County Qualified _____

❖ The Date that Notary Commission Expires _____

❖ Credit Card Payment: Visa Mastercard Discover Amex

❖ Name on Card: _____

❖ Card Number: _____

❖ Exp. Date: _____ CVV: _____

❖ Billing Address: _____

❖ Amount Authorized: _____

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