



# Publication Order Form

Just fill out this form and fax back to 718-306-9258 or email to [darin@premiercfs.com](mailto:darin@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: \_\_\_\_\_

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