



West Virginia Secretary of State
 Business & Licensing Division
 Tel: (304)558-8000
 Fax: (304)558-8381
 Website: www.wvsos.gov

Rev. 01/2023

Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.



READ CAREFULLY BEFORE SUBMITTING - Expedite service is **NOT AVAILABLE** for the following filings:

- >> Tax Department filings including Sole Proprietorships, General Partnerships, and Associations
- >> Dissolution or Withdrawal of Corporation, Voluntary Association or Business Trust

Order Processing Requested*:

*** Expedite Processing Requires Additional Fees ***

Standard Processing**

Avg. Processing Time:
5-10 business days

Email to: CorpFilings@wvsos.gov

24-HOUR Expedite***

(additional \$25.00 fee included)

2-HOUR Expedite

(additional \$250.00 fee included)

1-HOUR Expedite

(additional \$500.00 fee included)

Email to: eFilings@wvsos.gov

ALL Requests for Copies of documents email to: Copies@wvsos.gov

*"Processing" indicates the filing will be completed and registered in the Secretary of State registration database.

**Standard Processing applications received by E-MAIL or FAX must include the e-Payment Authorization form with credit card information.

***NOTE: Orders filed in person through any Secretary of State office location requesting the filing be processed will be assessed a 24-HOUR Expedite fee of \$25.00 per order.

Name of Entity: _____

Return filing to:
(Return Address) _____

Contact Name: _____

Phone: _____

Return Delivery Options: Email or Fax options do not receive a copy via mail; must be ordered separately.

Email to: _____

Hold for Pick Up Mail to Return Address above

Other (explain below):

FedEx: Acct # _____

UPS: Acct # _____

Order Description (include items being ordered and fee breakdown):

* PLEASE NOTE: Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge. **Certified copy requests are an additional \$15 per certified copy being requested.**

Total Amount: _____

Payment Method:

Check/Money Order

Cash (*Do Not mail cash*)

Credit Card (*Must attach [e-Payment Authorization](#) request form including payment information.*)

Pre-paid Acct #: _____ Attach signed pre-paid slip.

e-Payment Authorization

USE BLACK INK ONLY - DO NOT HIGHLIGHT

This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party.

Service Type: Fax E-mail Mail

Payment by Card *(card holder name and billing address required below)*

Card Type: Visa Mastercard Discover American Express

Credit Card Number: **V Code***

* 3-digit number on back of VISA, MasterCard and Discover cards.
 4-digit number on front right side of American Express card.

NOTICE: For security and verification purposes, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date: Month: Year:

Amount to Charge Card: USD \$

Order Information *(required)*

Entity Name:

Card Holder Information:

Name as it appears on the account
 Billing Address
 City State Zip Code
 Telephone Ext.

Payment Information Storage Authorization *(optional)*

I authorize the Secretary of State to store this payment information for future payment transactions processed by Secretary of State:

X _____ Date
Authorized Signature

Payment Authorization *(required)*

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

X _____ Date
Authorized Signature

Not to Exceed Amount: USD \$