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**Fax/Email completed form to 415-276-4174.**

COMPANY NAME (EXACT): \_\_\_\_\_  
STATE: CALIFORNIA  
CORPORATION/LLC NUMBER (OPTIONAL): \_\_\_\_\_

**SERVICES ORDERED:**

TAX STATUS LETTER (Franchise Tax Board) \$45

**OPTIONAL SHIPPING METHOD\*:**

[ ] \$25 FedEx Overnight Upgrade  
\*default shipping method is normal USPS.

**CONTACT & SHIPPING ADDRESS**

Name: \_\_\_\_\_ T. ( ) \_\_\_\_\_  
Address 1: \_\_\_\_\_ F. ( ) \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_  
Email: \_\_\_\_\_

**CREDIT CARD INFORMATION**

(MC or Visa ONLY)

Cardholder's Name: \_\_\_\_\_  
Credit Card No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Exp.: \_\_\_\_/\_\_\_\_

(If billing address for this Credit Card is different then your shipping, please note the billing address below)

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X \_\_\_\_\_  
(Name) Date

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