



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

Rev. 9/2018

## 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 \*\*\*

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> <b>Standard Processing**</b><br>(Avg. processing turnaround<br>5-10 business days) | <input type="checkbox"/> <b>24-HOUR Expedite***</b><br>(additional \$25.00 fee included) | <input type="checkbox"/> <b>2-HOUR Expedite</b><br>(additional \$250.00 fee included) | <input type="checkbox"/> <b>1-HOUR Expedite</b><br>(additional \$500.00 fee included) |
|---|--|---|---|

Email to: [CorpFilings@wvsos.gov](mailto:CorpFilings@wvsos.gov)

Email to: [eFilings@wvsos.gov](mailto:eFilings@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.

- |   |   |
|---|---|
| <input type="checkbox"/> Email to: _____        | <input type="checkbox"/> Fax to: _____                |
| <input type="checkbox"/> Hold for Pick Up       | <input type="checkbox"/> Mail to Return Address above |
| <input type="checkbox"/> Other (explain below): | <input type="checkbox"/> FedEx: Acct # _____          |
|   | <input type="checkbox"/> 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:

- |  |  |
|--|--|
| <input type="checkbox"/> Check/Money Order       | <input type="checkbox"/> Credit Card <span style="border: 1px solid red; padding: 2px;">(Must attach <a href="#">e-Payment Authorization</a> request form including payment information.)</span> |
| <input type="checkbox"/> Cash (Do Not mail cash) | <input type="checkbox"/> Pre-paid Acct #: _____ Attach signed pre-paid slip.   |



MAC WARNER  
Secretary of State  
State Capitol Building  
Charleston, WV 25305  
Phone: (304) 558-6000  
Website: [www.sos.wv.gov](http://www.sos.wv.gov)

## 24-hour, 2-hour and 1-hour Expedite Service Guidelines

**IMPORTANT:** To ensure expedited service, please mark “EXPEDITE” in a conspicuous place at the top of the service request. Please indicate method of delivery.

### **24-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 24-hour expedite service on most business organization filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. You must mark the document with your “**24-HOUR EXPEDITE**” request. If using a cover letter, note that you are requesting 24-hour expedited service, and include your telephone number and return information. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling is \$25.00 in addition to the usual fee for service. Please consult our fee schedules for the appropriate fee. If you require assistance, please contact this office.

**Time Constraints:** Under most circumstances, each filing submitted receives same day filing date and may be picked up in the office by the end of the same business day. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in acceptable fileable form.

### **2-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$250.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

### **1-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

**1-Hour and 2-Hour Time Constraints:** Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

**The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.**



# 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 \$