



## Credit Card Authorization For SOS Service

I, \_\_\_\_\_, hereby authorize SOS Filings Incorporated to charge my credit card:

Credit Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Security Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

I authorize the amount of \$\_\_\_\_\_ to be charged on the credit card provided.

I understand the amount listed above includes

- Secretary of State's fees (some of which are nonrefundable) and
- Nonrefundable prices for service provided by SOS Filings Incorporated.

I also acknowledge that SOS Filings Incorporated cannot reimburse nonrefundable fees paid to the Secretary of State on my behalf.

\_\_\_\_\_  
Signature – Electronic, Digital, Stamped, or Wet signatures are acceptable

Date: \_\_\_\_\_