



## Limited Liability Company (LLC) Order Form

Filing State and City:	
S-Corp Election:	<input type="checkbox"/> Yes

### **Shipping Information (if different from Partner):**

Name:	
Phone:	
Email:	
Shipping Address:	
Shipping City, State Zip:	

### **Company Information:**

Desired Name:	
Alternative Name:	
Business Description:	

### **Business Address:**

Business address 1:	
Business address 2:	
City, State Zip:	

### **Registered Agent Information: (If different from the business owner(s))**

Name:	
Address:	
City, State Zip:	

### **Tax ID Number (EIN/SSN) Information:**

Name of Responsible Party:	
Social Security #:	

Is this LLC has only one owner?  Yes  No

**Member 1: (LLC owner is called member)**

Member Type:	<input type="checkbox"/> Managing Member <input type="checkbox"/> Member
Name:	
Address:	
City, State Zip:	
Percentage of Ownership:	

**Member 2: (if any)**

Member Type:	<input type="checkbox"/> Managing Member <input type="checkbox"/> Member
Name:	
Address:	
City, State Zip:	
Percentage of Ownership:	

**Manager 1: (optional)**

Name:	
Address:	
City, State Zip:	

**Manager 2: (optional)**

Name:	
Address:	
City, State Zip:	

**Officers: (Optional)**

President	
Secretary:	
Chairman:	

**How do you want to pay:**

Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex <input type="checkbox"/> Discover
Card #:	
Card Exp.:	
CVV:	
Name on Card:	
Billing Address:	

Please when you are done, save and attach it to an email then send it to Support@Nationaltaac.com. We will start processing asap.