



FRANCISCO V. AGUILAR
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov

ePayment Checklist

All major credit cards are accepted. For security purposes, please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

Processing Requested:

- Regular
 24-HOUR Expedite
 4-HOUR Expedite (Apostille only)
 2-HOUR Expedite
 1-HOUR Expedite
 Same Day (Domestic Partnership only)

Order Information (required)

Entity Name/Order Reference: _____

Cardholder Name (as shown on credit card): _____

Billing Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Phone Number: _____

Last 4 Digits of Credit Card: _____ **Card Type:** VISA MasterCard Amex Discover

Authorized Amount Not to Exceed: _____

By signing this form, I authorize a one time payment not to exceed the amount listed above to be charged to my credit card and to be paid to the State of Nevada. I certify that I am the cardholder and that I am responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment.

Authorized Signature

X _____ **Date:** _____

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Credit Card Number: _____</p> <p>2. Expiration Date:mm/yy _____</p> <p>3. Security Code:* _____</p> <p style="font-size: small;">*3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card.</p>	<p>All 3 fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>