

SERVICO, INC.  
P.O. BOX 871  
ALBANY, NEW YORK 12201  
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## FRANCHISE TAX SEARCH REQUEST

Name of Corporation(s) to be searched:

- 1.
- 2.
- 3.
- 4.

Service Fee: \$25.00\*

\*taxable

Your Name: \_\_\_\_\_

Your Firm: \_\_\_\_\_

Billing/Mailing Address: \_\_\_\_\_

Your Phone #: \_\_\_\_\_ Your Fax #: \_\_\_\_\_

Let This Letter Serve as My Authorization to Charge My Amex/MC/Visa

(Initial Here) \_\_\_\_\_ Card # \_\_\_\_\_

Expires \_\_\_\_\_ IN THE AMOUNT OF \*\* \_\_\_\_\_

Print Name and Complete Billing Address on Credit Card: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_