

SERVICO INC.
283 WASHINGTON AVENUE
ALBANY, NEW YORK 12206
PH:518.463.4179 / 518.463.3752 : FAX

REQUEST FOR GOOD STANDING (SUBSISTING) CERTIFICATE:

NAME OF ENTITY:

HOME STATE OF THE ENTITY:

FEES:

Disbursement NY Dept. of State:	\$50.75
Service Fee:	\$40.00
Admin Handling	\$ 5.00

Please Calculate Sales Tax based on your local tax rate

***Add \$10.00 to total due if you would like the document faxed to your office**

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: _____