

DELAWARE INTERCORP, INC.
A DELAWARE COMPANY

**LIMITED LIABILITY COMPANY
CERTIFICATE OF INCUMBENCY ORDER FORM**

COMPANY NAME: _____

COMPANY FILE NUMBER (Delaware Secretary of State Number): _____

Select Options Requested (check the box for all that apply):

- *Provide passport image, or government issued ID for natural persons*
- *Provide evidence of good standing/existence for entities*

LIST MEMBER (S) NAMES ON CERTIFICATE.

Type information below. Use page 2 of order form if necessary.

NAME: _____
ADDRESS: _____

LIST MANAGER(S) NAMES ON CERTIFICATE.

Type information below. Use page 2 of order form if necessary.

NAME: _____
ADDRESS: _____

ITEM	FEE		ADD ITEM
Incumbency Certificate & Good Standing Certificate	\$190		\$190.00
Apostille (Optional) Country _____	\$ 60	<input type="checkbox"/> On Incumbency Cert. Only <input type="checkbox"/> On both documents as 1 set	
24 Hour Expedited Processing (Optional)	\$ 75		
Standard Return Shipping and Handling (Delivery to address of record for entity)	\$ 35		\$ 35.00
Order Total			

METHOD OF PAYMENT (select one):

CREDIT CARD

- Please send invoice to email address of record along with online payment link.
- Please charge the credit card provided below:

_____ **Cardholder** _____ **Account Number** _____ **CCV code** _____ **Exp date**

WIRE TRANSFER (\$15 wire transfer fee and other bank charges will apply)

- Please send Delaware Intercorp's banking details via email.

I certify, under penalty of perjury, that the information provided herein is true and correct, and that I have the authority to act on behalf of the above named Limited Liability Company.

_____ **Certifying Signature** _____ **Position** _____ **Date**

_____ **Printed Name**

DELAWARE INTERCORP, INC.
A DELAWARE COMPANY

**LIMITED LIABILITY COMPANY
CERTIFICATE OF INCUMBENCY ORDER FORM
(Optional Page 2)**

COMPANY NAME: _____

LIST MEMBER (S) NAMES ON CERTIFICATE (Continued).
Type information below.

NAME: _____
ADDRESS: _____

NAME: _____
ADDRESS: _____

NAME: _____
ADDRESS: _____

NAME: _____
ADDRESS: _____

LIST MANAGER(S) NAMES ON CERTIFICATE (Continued).
Type information below.

NAME: _____
ADDRESS: _____

NAME: _____
ADDRESS: _____

NAME: _____
ADDRESS: _____

NAME: _____
ADDRESS: _____

I certify, under penalty of perjury, that the information provided herein is true and correct, and that I have the authority to act on behalf of the above named Limited Liability Company.

Certifying Signature

Position

Date

Printed Name