SECRETARY OF STATE - CORPORATION DIVISION
255 Capitol Street, NE Suite 151
Salem, Oregon 97310-1327

Notary Public - Facsimile: 503-986-2300

Print

Reset

Credit Card Cover Sheet

To: Notary Public

Method of payment: ☐ MasterCard or ☐ VISA

Credit Card Number:

				-					-					-				

Expiration Month/year: | |

Please provide the following information, in case there are questions concerning your filing.

Notary Applicant Name: _____

Cardholder Name: _____

Billing Address: _____

City, State, Zip Code: _____

Phone Number: _____

Business Name: _____

Other Notes or Comments:

The Corporation Division offers filing by fax for our programs. When filing by fax, a Visa or MasterCard must be used for payment.