

Please note: If it is more convenient we will happily take your order information via email in your own words or with your own prepared documents.

Our Order Forms are only a guide line of the information we will need to prepare the paperwork for filing and completing your order.

Attention: We now have available **Commercial and Personal Insurance** for all your needs - Workers Comp, Disability, Business, Property, Auto, Umbrella, etc...

Our professional customer service department is always available to answer any questions or assist with anything you need and can be reached via email [info@acs123.com](mailto:info@acs123.com) or phone [800-906-9220](tel:800-906-9220).



# ALLSTATE CORPORATE SERVICES

Nationwide Corporate Filing & Research Services

## DBA Discontinuance / Withdrawal Service Order Form

Today's Date \_\_\_\_\_ Allstate Account # \_\_\_\_\_ Your Name \_\_\_\_\_

Your Firm / Name \_\_\_\_\_

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

Address for delivery of Corporate Documents \_\_\_\_\_

.....

1. Indicate Level of Service requested:      **Expedited** \_\_\_\_\_ [or]      **Standard** \_\_\_\_\_  
An additional State Fee will apply for expedited services

2. You would like to Discontinue/Surrender the DBA in the State of \_\_\_\_\_

3. Company Name \_\_\_\_\_  
The name ending: Incorporated, Inc., Corporation, Corp., Limited, Ltd., Company, Co., Limited Liability Company, LLC, Limited Company, LC

4. DBA Assumed Name \_\_\_\_\_

5. Date that DBA was Filed \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

6. Principle Business Address \_\_\_\_\_  
\_\_\_\_\_ County \_\_\_\_\_

Director / Member / Manager / Officer Information ( You must have a minimum of one who authorizes this Filing )

7. Name \_\_\_\_\_ SS # \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_

8. Name \_\_\_\_\_ SS # \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_