

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 / Assumed Name Service Order Form

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

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

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

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

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

2. You would like to file a DBA / Fictitious Name for a \_\_\_\_\_ in State of \_\_\_\_\_  
Options are: Corporation, LLC, PLLC, PC, LP, LLP, Not-for-Profit

3. The Proposed DBA Name is \_\_\_\_\_

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

5. Brief Description of Business Purpose \_\_\_\_\_

6. The Original State of Formation is \_\_\_\_\_ Date Formed \_\_\_\_\_

7. If this is a foreign entity: The Date of Registration in this State \_\_\_\_\_

8. Principle Business Address in this State \_\_\_\_\_  
\_\_\_\_\_ County \_\_\_\_\_

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

9. Name \_\_\_\_\_ SS # \_\_\_\_\_ Title \_\_\_\_\_

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If you have more than one business address in this State, please set forth each location/address where business will be carried on or transacted under the DBA Assumed Name. You may attach additional paperwork if necessary. Please note that additional State and/or County Fees may apply.

a. Additional Business Address in this State \_\_\_\_\_  
\_\_\_\_\_ County \_\_\_\_\_

b. Additional Business Address in this State \_\_\_\_\_  
\_\_\_\_\_ County \_\_\_\_\_

c. Additional Business Address in this State \_\_\_\_\_  
\_\_\_\_\_ County \_\_\_\_\_