

## Limited Partnership Order Form

**Form Submitted By**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

1. Entity Type:  Limited Partnership

2. Jurisdiction of Formation: \_\_\_\_\_

3. Speed (check one):  Expedited Service  Regular Service

4. Check Service(s):  Formation Only  Corporate Kit  Federal Tax ID  Seal (optional)

5. Company Name *Add applicable corporate suffix – for example: "LP"*

First Choice: \_\_\_\_\_

Alternate Choice: \_\_\_\_\_

6. Company Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

7. (a) Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

(b) Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

8. Name(s) of General Partner(s) *and their street/ mailing address(es). For additional Partners, please attach a separate sheet.*

| Name(s) | Street/Mailing Address(es) |
|---------|----------------------------|
| _____   | _____                      |
| _____   | _____                      |
| _____   | _____                      |
| _____   | _____                      |
| _____   | _____                      |
| _____   | _____                      |
| _____   | _____                      |
| _____   | _____                      |
| _____   | _____                      |
| _____   | _____                      |
| _____   | _____                      |
| _____   | _____                      |
| _____   | _____                      |

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9. Name(s) of Limited Partner(s), their street/mailling address(es) and ownership percentage *OPTIONAL*

| Name(s) | Street/Mailing Address(es) | %     |
|---------|----------------------------|-------|
| _____   | _____                      | _____ |
| _____   | _____                      | _____ |
| _____   | _____                      | _____ |
| _____   | _____                      | _____ |
| _____   | _____                      | _____ |
| _____   | _____                      | _____ |
| _____   | _____                      | _____ |
| _____   | _____                      | _____ |
| _____   | _____                      | _____ |
| _____   | _____                      | _____ |

10. Federal Tax ID. *Social Security Number or FEIN is needed for a General Partner (if applicable).*

Individual or Company Name \_\_\_\_\_  SSN or  FEIN: \_\_\_\_\_

11. Principal Business Activity: \_\_\_\_\_

12. Registered Agent will be Corporate Creations or its designee unless you specify otherwise.

\_\_\_\_\_

13. Payment by:  Visa  Mastercard  American Express  Discover  Check

Account Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

14. Referred by: Name: \_\_\_\_\_ Company: \_\_\_\_\_

15. Additional Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_