



Bureau of Corporations and
Charitable Organizations

EXPEDITED SERVICE REQUEST

**This form MUST be completed and submitted with EACH expedited request.
EXPEDITED REQUESTS MUST BE SUBMITTED IN PERSON.**

Entity Name: _____		Entity Number: _____
Requestor's Name: _____		Return Document Via: (CHECK ONLY ONE) <input type="checkbox"/> COUNTER PICKUP <input type="checkbox"/> EMAIL - Completed filings will be emailed to the email address supplied below. _____
Requestor's Address: _____		
Contact Person: _____		
Phone Number: _____		
Fax Number: _____		
Email: _____		
Select the Level of Expedited Service: <small>EXPEDITED SERVICE FEES ARE IN ADDITION TO FILING FEES.</small>		
		Expedited Fee(s):
<input type="checkbox"/>	SAME-DAY SERVICE (MUST BE RECEIVED BEFORE 10:00 a.m.)	\$100.00
<input type="checkbox"/>	THREE-HOUR SERVICE (MUST BE RECEIVED BEFORE 2:00 p.m.)	\$300.00
<input type="checkbox"/>	ONE-HOUR SERVICE (MUST BE RECEIVED BEFORE 4:00 p.m.)	\$1,000.00
Payment Method: <input type="checkbox"/> Deposit Account # _____ <input type="checkbox"/> Check <input type="checkbox"/> Credit Card		

By checking this box, I verify that I have read and understand the policies and procedures for Expedited Services published in the Pennsylvania Bulletin. To the best of my knowledge, the attached document is acceptable for filing as presented to the Bureau. I understand that if this document is not accepted for filing, the expedited service fee and the filing fee(s) are nonrefundable.