



**SECRETARY OF STATE - CORPORATION DIVISION**

255 Capitol Street, NE Suite 151  
Salem, Oregon 97310-1327

UCC - Facsimile: 503-373-1166

## Credit Card Cover Sheet

To: Uniform Commercial Code

Method of payment:  MasterCard or  VISA

Credit Card Number:

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Expiration Month/year:

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

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.