# CREDIT SERVICE ORGANIZATIONS WITHOUT SURETY

Form CSO-3 Rev. 01/2023

#### West Virginia Secretary of State

Business & Licensing Division Tel: (304)558-8000 Fax: (304)558-8381

Website: <a href="https://www.wvsos.gov">www.wvsos.gov</a>

#### FILE ONE ORIGINAL

(Two if you want a filed date stamped copy returned to you)

FEE: N/A

Disclosure of Rights to Buyers of Services of Credit Service Organizations operating without surety registered in West Virginia as required by WV Code §46A-6C-6

Notice to Buyer: The registration of a credit service organization with the Secretary of State does not imply an endorsement of that organization by the Secretary of State or the State of West Virginia

Section 1:	Name of Credit Service Organization:					
	Name of Person Actin Agent for this Cust					
	Address of Broker/Agent:					
	Broker/Agent:	Telephone:	Fax:			
Section 2:	The following is a complete and detailed description of services which will be provided to the buyer under this contract, along with the cost of each service:					
Description	n of Services: (Attach a	dditional page if necessary)		Cost of Service		
			<b>Total Cost</b>			

Section 3: Notice to Buyer by Credit Service Organization Operating Without Surety

**Buyer:** We hereby warrant that this organization and its agent(s) will not charge you or accept from you any money or other valuable consideration before completing performance of all services the organization has agreed to perform.

#### Section 4: Buyer's Rights and Other Notices

A "buyer" means an individual who is solicited to purchase or who purchases the services of a credit service organization.

As a buyer, you have certain rights:

You have a right to review any file maintained on you by a consumer reporting agency, as provided by the Fair Credit Reporting Act (15 U.S.C. Sec. 1681 et seq.)

Your file is available for review at no charge on request made to the consumer reporting agency within thirty days after the date of the receipt of notice that credit has been denied, and your file is available for a minimal reporting charge at any other time.

You have a right to dispute directly with your consumer reporting agency the completeness of accuracy of any item contained in a file on you maintained by that consumer reporting agency. ACCURATE INFORMATION CANNOT BE PERMANENTLY REMOVED FROM THE FILES OF A CONSUMER REPORTING AGENCY.

No consumer reporting agency may make any consumer report containing any adverse item of information dating from more than seven (7) years before the report.

Non-profit organizations which provide credit and debt counseling services are available. The WV Association of Consumer Credit Counseling Services (call 1-800-869-7758) or the National Foundation for Consumer Credit (call 1-800-388-2227) will connect you to a local organization, or check your yellow pages under "Credit Counseling Services" to find a non-profit service.

#### Section 5: Acknowledgement of Receipt of Disclosure Statement

I, the undersigned buyer of the services listed in Section 1 above, acknowledge that I have received a copy of this statement for my own records on this date, and that I understand that an exact copy of this statement, as signed below, will be maintained on file by this credit services organization for a period of two (2) years after this date.

Date Statement Signed and Received by Buyer:				
Printed name of Buyer:				
Signature of Buyer:				

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### Filing Submission Instructions - Business Division

#### IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORMS.

Please follow the instructions included with the application. Failure to include any of the required information on the form may cause the filing to be rejected.

All forms may be downloaded from our web site www.wvsos.gov.

SUBMIT THE COMPLETED APPLICATION WITH THE CUSTOMER ORDER REQUEST FORM TO ONE OF THE OFFICES BELOW. CHOOSE EXPEDITED OR STANDARD PROCESSING SERVICE. IF NOT USING THE CUSTOMER ORDER REQUEST FORM AND YOU ARE REQUESTING EXPEDITED SERVICE, YOU MUST INCLUDE THE WORD "EXPEDITE" AND THE LEVEL OF EXPEDITED SERVICE BEING REQUESTED (24-HOUR, 2-HOUR OR 1-HOUR) IN YOUR CORRESPONDENCE. BE SURE TO INCLUDE THE CORRECT ADDITIONAL EXPEDITED FEE. THIS FEE IS IN ADDITION TO THE REGULAR FILING FEE (SEE FEES BELOW).

#### CHOOSE ONE OF THE FOLLOWING PROCESSING SERVICES:

**EXPEDITED SERVICE (24-hour, 2-hour** and **1-hour**; \*Requires standard filing fee plus additional expedite fee, *see below*)

**Expedite Service** \*Fee **EXPEDITED SERVICE requests may be submitted by:** 

24-Hour \$ 25.00 - E-mail to efilings@wvsos.com

2-Hour \$250.00 - Fax

1-Hour \$500.00 - Walk in delivery

STANDARD PROCESSING (5-10 business days)

STANDARD PROCESSING requests may be submitted by: Standard filing fees apply.

- E-mail to CorpFilings@wvsos.com

- Walk in delivery (drop off service only filed within 5-10 business days)

#### **INCLUDE PAYMENT:**

Be sure to enclose the correct filing fee with your filing. If paying by credit card, be sure to include the e-Payment Authorization form with your filing. Your filing will be rejected if the payment is not included or if the e-Payment Authorization form is not included if paying by credit card.

#### SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

#### BUSINESS SERVICE CENTERS Standard and Expedited Filings

**Charleston Office Clarksburg Office North Central WV Business Center One-Stop Business Center** 13 Kanawha Blvd. West 153 West Main Street Suite 201 Suite G- Third Floor Charleston, WV 25302 Clarksburg, WV 26301 Phone: (304) 558-8000 Phone: (304) 367-2775

Fax: (304) 558-8381 Fax: (304) 627-2243 Hours: Mon. - Fri. 8:30a - 5:00p EST Hours: Mon. -Fri. 9:00a - 5:00p EST

**Martinsburg Office** 

**Eastern Panhandle Business Center** 

229 E. Martin Street Martinsburg, WV 25401 Phone: (304) 356-2654 Fax: (304) 260-4360

Hours: Mon. - Fri. 9:00a - 5:00p EST

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## **Customer Order Request**

#### SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

**READ CAREFULLY BEFORE SUBMITTING** - **Expedite service is NOT AVAILABLE for the following filings:** 

- >> Tax Department filings including Sole Proprietorships, General Partnerships, and Associations
- >> Dissolution or Withdrawal of Corporation, Voluntary Association or Business Trust

Order Processing Requested*	: * * * Expedite Processing Requires Additional Fees * * *				
Standard Processing**	24-HOUR Expedite 2-HOUR Expedite 1-HOUR Expedite				
(Avg. processing turnaround 5-10 business days)	(additional \$25.00 fee included) (additional \$250.00 fee included) (additional \$500.00 fee included)				
Email to: CorpFilings@wvsos.com	Email to: eFilings@wvsos.com				
Eman to. <u>Corprinings@wvsos.com</u>	ALL Requests for Copies of documents email to: <u>Copies@wvsos.gov</u>				
**Standard Processing applications rece	completed and registered in the Secretary of State registration database. ived by E-MAIL or FAX must include the e-Payment Authorization form with credit card information. gh any Secretary of State office location requesting the filing be processed will be assessed a 24-HOUR				
Name of Entity:					
Return filing to: (Return Address)					
Contact Name:	Phone:				
Return Delivery Options: Email	or Fax options do not receive a copy via mail; must be ordered separately.				
Email to:	Fax to:				
Hold for Pick Up Mail t	o Return Address above FedEx: Acct #				
Other (explain below):	UPS: Acct #				
Order Description (include items being	g ordered and fee breakdown):				
* PLEASE NOTE: Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge. Certified copy requests are an additional \$15 per certified copy being requested.					
<b>Payment Method:</b>					
Check/Money Order	Credit Card (Must attach e-Payment Authorization request form including payment information.)				
Cash (Do Not mail cash)	Pre-paid Acct #: Attach signed pre-paid slip.				

MAC WARNER Secretary of State State Capitol Building Charleston, WV 25305 Phone: (304) 558-6000 Website: www.sos.wv.gov

# 24-hour, 2-hour and 1-hour **Expedite Service Guidelines**

IMPORTANT: To ensure expedited service, please mark "EXPEDITE" in a conspicuous place at the top of the service request. Please indicate method of delivery.

#### 24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most business organization filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. You must mark the document with your "24-HOUR EXPEDITE" request. If using a cover letter, note that you are requesting 24-hour expedited service, and include your telephone number and return information. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling is \$25.00 in addition to the usual fee for service. Please consult our fee schedules for the appropriate fee. If you require assistance, please contact this office.

**Time Constraints:** Under most circumstances, each filing submitted receives same day filing date and may be picked up in the office by the end of the same business day. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in acceptable fileable form.

#### 2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$250.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

#### 1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.

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USE BLACK INK ONLY - DO NOT HIGHLIGHT

e-Payment Authorization	This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party.		
Service Type: Fax E-mail	Mail		
Payment by Card (card holder name an	d billing address required below)		
Card Type: Visa	Mastercard Discover American Express		
Credit Card Number:	<u>V Code</u> *		
<ul> <li>3-digit number on back of VISA, Ma</li> <li>4-digit number on front right side of</li> </ul>			
	oses, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number this code will result in the rejection of your filing or service request.		
Credit Card Expiration Date: Month:	Year:		
	Amount to Charge Card: USD \$		
Order Information (required)			
Entity Name:			
Card Holder Information:			
Name as it appears on the account			
Billing Address			
City	State Zip Code		
Telephone	Ext.		
Payment Information Storage Auth I authorize the Secretary of State to store this	orization (optional) payment information for future payment transactions processed by Secretary of State:		
X	Date		
Authorized Signature			
Payment Authorization (required)			
• • • • • • • • • • • • • • • • • • • •	nount not to exceed the following to be charged to the above listed account(s):		
X	Date		
Authorized Signature			
	Not to Exceed Amount: USD \$		