



**Division of Corporations,
State Records and
Uniform Commercial Code**

New York State
Department of State
**DIVISION OF CORPORATIONS,
STATE RECORDS AND
UNIFORM COMMERCIAL CODE**
One Commerce Plaza
99 Washington Ave.
Albany, NY 12231-0001
www.dos.ny.gov

Service Company/Drawdown Account Application

MAIN OFFICE ACCOUNT INFORMATION: (*Required Fields)

ID:* _____ *(If you are an existing service company or drawdown company, list your ID # assigned by the Department of State. New companies will leave this field blank.)*

COMPANY NAME:* _____

ADDRESS:* _____

CITY: _____ STATE:* _____ POSTAL CODE:* _____

PHONE:* _____

FAX:* _____

EMAIL:* _____

CONTACT NAME:* _____

CONTACT EMAIL:* _____

DISTRIBUTION EMAIL:* _____

REGISTERED AGENT:

DO YOU WISH TO HAVE YOUR COMPANY INCLUDED IN THE REGISTERED AGENT LIST AVAILABLE TO SERVICE COMPANIES?
 YES NO

DO YOU WISH TO HAVE YOUR COMPANY'S NAME LISTED FOR THE PUBLIC TO CHOOSE AS REGISTERED AGENT?
 YES NO

ADDRESS:* _____

CITY:* _____ STATE:* _____ POSTAL CODE:* _____

Service Company/Drawdown Account Application

SERVICE OF PROCESS:

DO YOU WISH TO HAVE YOUR COMPANY INCLUDED IN THE SERVICE OF PROCESS LIST AVAILABLE TO SERVICE COMPANIES?

YES NO

DO YOU WISH TO HAVE YOUR COMPANY'S NAME LISTED FOR THE PUBLIC TO CHOOSE FOR SERVICE OF PROCESS?

YES NO

ADDRESS:*

CITY:* STATE:* POSTAL CODE:*

SETTINGS:

REQUIRE DOUBLE KEY VERIFICATION OF ENTITY NAME DURING ONLINE FILING?

YES NO

REQUIRE CUSTOMER REFERENCE NUMBER FOR ONLINE FILING?

YES NO

ALLOW USE OF DRAWDOWN ACCOUNT FOR ONLINE FILING?

YES NO

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ACCOUNT ADMINISTRATORS: - You may request up to three administrative accounts (***Required Fields**)

ADMINISTRATOR 1

Name:* _____

Phone Number:* _____

E-Mail Address:* _____

ADMINISTRATOR 2

Name:* _____

Phone Number:* _____

E-Mail Address:* _____

ADMINISTRATOR 3

Name:* _____

Phone Number:* _____

E-Mail Address:* _____

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INSTRUCTIONS:

MAIN OFFICE ACCOUNT INFORMATION:

ID – Existing Service Companies and/or Drawdown Companies – list your previously assigned ID# in this field. Companies who are requesting Service Company (drawdown) status, leave field blank as this office will assign an ID# to you.

MAIN OFFICE CONTACT INFORMATION FIELDS – Please list your company name, address and contact information including main contact person for your company.

DISTRIBUTION EMAIL – This email ADDRESS will be the email address for your company in which all electronic filing receipts from online filing will be distributed. You can establish a distribution list for this email address which will allow the distribution of electronic filing receipts to multiple recipients in your company.

REGISTERED AGENT – Do you wish to have your company included in the drop down list available for online filing to service companies and/or the general public? If “Yes” is indicated, your company name will appear in the drop down list for online filing certificates. When a service company name is selected from the drop down list of an online filing, the Registered Agent fields will be automatically populated with the name and address of the service company selected. You can access a report through your online login for a list of the entities that selected your company as Registered Agent.

SERVICE OF PROCESS – Do you wish to have your company included in the drop down list available for online filing to service companies and/or the general public? If “Yes” is indicated, your company name will appear in the drop down list for online filing certificates. When a service company name is selected from the drop down list of an online filing, the Service of Process fields will automatically be populated with the name and address of the service company selected. You can access a report through your online login for a list of the entities that selected your company as Service of Process.

REQUIRE DOUBLE KEY VERIFICATION OF ENTITY NAME WHEN FILING – Key verification of the proposed business entity name is the default setting for online filing of certificates. If you wish to remove the key verification of the proposed entity name, please select “No” in the Require Double Key Verification of Entity Name when filing.

REQUIRE CUSTOMER REFERENCE NUMBER WHEN FILING – If you wish to set the Customer Reference Number field as a required field for online filing, please select “Yes” in the Require Customer Reference Number when filing.

ALLOW USE OF DRAWDOWN ACCOUNT - Please select “Yes” if you wish to have the drawdown account used for online filing.

ACCOUNT ADMINISTRATORS:

Each Service Company Main Office can designate up to three account administrators for the online filing account. Administrators will have the option to update information on file for the company, establish company logins and passwords and have access to additional reporting information.

For each administrator provide the administrator name, contact phone number and email address.

FEES:

For a new Service Company/drawdown company, this application requires a minimum deposit of \$100.00. The application fee should be sent to the NYS Department of State, Division of Corporations, Attn: Lynn Coleman, One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231 or fax the application and completed credit card/debit card authorization form to Lynn Coleman at (518) 474-1418. As a service company you are required to have a drawdown account which will be established during the processing of your Application. The minimum \$100 deposit accompanying your application will be posted to this account for which you will be able to use these funds for transactions made with this office.