

FICTITIOUS BUSINESS NAME STATEMENT COPY ORDER SANTA BARBARA COUNTY CLERK

Regular copy (includes search)	\$12.00	Certified Copy (no search)	\$7.00
Regular copy (no search)	\$5.00	Certified Copy (includes search)	\$14.00
SEARCH ONLY	\$7.00	Return Express Mail Fee-USPS overnight	\$23.50 (per order)
Return Mail Fee First Class	\$2.00 (per order)		

IF INCLUDING PREPAID FEDEX OR UPS RETURN ENVELOPE MAIL HANDLING FEE IS \$5.00.

DATE: _____ NAME: _____
 DEPT/FIRM: _____ STREET ADDRESS: _____
 STATE/ZIP CODE: _____ PHONE NUMBER: () _____

(MM/DD/CCYY) Date of Filing	Statement Number or Business Name	Number of Copies	Do you need it certified? Indicate choice	
1. ___/___/____	_____	_____	YES ___	NO ___
2. ___/___/____	_____	_____	YES ___	NO ___
3. ___/___/____	_____	_____	YES ___	NO ___
4. ___/___/____	_____	_____	YES ___	NO ___
5. ___/___/____	_____	_____	YES ___	NO ___
6. ___/___/____	_____	_____	YES ___	NO ___

FOR OFFICE USE ONLY:			
Transaction # _____	Initials: _____	Mail out? _____	Hold for Pick Up? _____

Fictitious Business Search Request and Certification (five year search)

I, JOSEPH E. HOLLAND, County Clerk, Recorder and Assessor of the County of Santa Barbara, State of California, do hereby certify that:

I have checked the Fictitious Business Name Statement index from the period of: _____ through _____

And have been unable to locate a filing under the name of:

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Office in
 Santa Barbara _____
 Santa Maria _____
 Lompoc _____

In said County and State on this date:

JOSEPH E. HOLLAND, County Clerk, Recorder and Assessor

By _____ Deputy Clerk

Affix seal above



County Clerk, Recorder and Assessor

CLERK-RECORDER CREDIT CARD AUTHORIZATION FORM

VISA/MASTERCARD/DISCOVER ONLY
NO AMERICAN EXPRESS

I hereby authorize the Office of the County Clerk-Recorder to charge the following credit card for payment of requested service:

Applicant Name: _____

Phone #: (_____) _____

Cardholder (name as appears on credit card): _____

Credit Card Number: _____ **Exp Date:** ____ / ____
(American Express not accepted)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cardholder Phone Number: (_____) _____

Cardholder Signature: _____ **Date:** ____ / ____ / ____

Note: This credit card authorization form will be kept on file for 60 days from date of service. Any disputed charges made in conjunction with this request, shall be made within 45 days from date of service.

OFFICE USE ONLY

Transaction #: _____