

YMC TAX & ACCOUNTING CORP  
564 Industry Dr Ste210  
TUKWILA, WA 98188  
TEL: 425-318-7662

**Registered Agent Service Agreement**

Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Company Phone: \_\_\_\_\_

Company Fax: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Cell: \_\_\_\_\_

To pay by credit card:

\_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Credit card type credit card #  
Name on credit card: \_\_\_\_\_  
Billing address of creditcard: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

To pay by ACH (automatic check handling):

Check #: \_\_\_\_\_ Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_ Company Name on Check: \_\_\_\_\_  
Owner Driver's License #: \_\_\_\_\_ Address on Checks: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

It's easy! Just mark 'I want YMCT to be my registered agent' in the box below, choose your preferred services and sign the disclosure statement.

**Check the box below and sign this section ONLY if you want YMCT to act as your Registered Agent:**

Yes, I want YMCT to be my registered agent

( ) 1 Year- \$360 ( ) 2Year-\$500

Yes, I am interested in YMCT to file annual report

(Client will need to provide the credit card information)

I authorize YMCT to receive official document of the company listed above on my behalf. I also authorize the use of my credit card or other payment option for the filing of the annual/quarterly report if any. YMCT is authorized to charge the credit card for the Company or Contact named above for services indicated. This agreement is subject to and governed by the Client Job Order and Agreement Quote and Engagement Letter hereby incorporated by reference. I will YMCT in the event that any of our contact information or payment information changes. This signature must be that of the individual signing or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under WASHINGTON. The individual signing this document affirms that the facts stated herein are true.

By submitting this form I declare the facts listed above are true and correct.

Signature: \_\_\_\_\_ SS#(Last-4-Digits): \_\_\_\_\_ Date: \_\_\_\_\_  
*If the signature is digital please type in your name and the last 4 digits of your SS# above.*