



# United States Business Registration

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Website: [www.unitedstatesbusinessregistration.us](http://www.unitedstatesbusinessregistration.us)

## 5 YEAR SAM REGISTRATION

Includes 60 Months of Client Support

**Warning:** Any person who knowingly makes false statements or misrepresentations on this form may be subject to penalties including denial of registration status and/or forfeiture of any fees applied for service. By providing the information supplied below, United States Business Registration will begin the registration & certification process. All information supplied will be and is required to be verified.

### Introduction

This form must be completed, signed and dated by an authorized company representative with authority to request services and approve payment. By signing, customer requests the 5-Year SAM Registration Filing Assistance and Client Support package and acknowledges all information provided must be true, complete and accurate.

### Section A. Business Information

|                                         |                 |                                   |
|-----------------------------------------|-----------------|-----------------------------------|
| Business / Corporate Name               |                 | Business DBA Name (if applicable) |
| Business Address, City, State, Zip Code |                 | UEI or CAGE Code (if known)       |
| Contact Name                            | Title           | Email                             |
| Business Phone                          | Alternate Phone | Fax Number                        |

### Section B. Payment Authorization

Customer authorizes USVRI, LLC dba United States Business Registration to process a one-time charge of \$1,998.00 for the 5-Year SAM Registration Filing Assistance and 60 Months of Client Support package. This is not an automatic recurring charge unless separately authorized in writing by customer.

|                                               |               |                                                                                                                                  |
|-----------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------|
| Card Account Number                           | Name on Card  |                                                                                                                                  |
| Expiration Date (MM/YYYY)                     | Security Code | Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Disc |
| Card's Billing Address, City, State, Zip Code |               |                                                                                                                                  |

Other Payment Type: ☐ Company Check ☐ Personal Check ☐ Bank Wire / ACH

### Section C. Customer Authorization and Acknowledgment

The undersigned represents that all information provided is true, accurate and complete. Customer authorizes USVRI, LLC d/b/a United States Business Registration to begin work on the selected package, including review of business information, preparation assistance, customer communication and registration filing support. Approval, activation, processing time, contract awards or eligibility determinations are controlled by SAM.gov, the Federal Service Desk, federal agencies or applicable third-party systems and are not guaranteed. Customer has read and agrees to the applicable Terms and Conditions and understands that United States Business Registration is a private company and not a government agency.

|                     |      |                                 |               |
|---------------------|------|---------------------------------|---------------|
| Customer Signature  | Date | Title                           | Business Name |
| Print Customer Name |      | Authorized Representative Email |               |

