



- New Formation
- Amendment
- Change of R/A
- \_\_\_\_\_

# Order Form

## Limited Partnership

### State of Formation

*Choose one*

- Nevada (Clark County)
- Wyoming (Sheridan County)
- State \_\_\_\_\_

### Secretary of State

*Expedite Services*

- Nevada (24 Hours)
- Wyoming (24 Hours)
- State \_\_\_\_\_

Expedited:  Yes  No

Speed:  24-Hours

Other: \_\_\_\_\_

### Type of Entity

*Pre-Determined*

- Limited Partnership

### Name-Ending

*Choose One*

- LP
- Limited Partnership

### Limited Partnership Name

*List your top three choices in order of preference*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



**General Partner**

*\* Required*

General Partner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Nominee Services**

*Pre-Determined*

Not Permitted

**Tax Election**

*Pre-Determined*

1065 Partnership (*Informational*)

**Fiscal Year-End**

*Pre-Determined*

December 31st

**Business Purpose**

*Please Describe in Detail*

Holding "Safe Assets" Only

Other (*Please Describe in a Few Words*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Registered Agent for Limited Partnership**

Northwest Registered Agent LLC  
732 South 6th Street  
Suite N  
Las Vegas, Nevada 89101-6948

Northwest Registered Agent Service Inc  
30 North Gould Street  
Suite N  
Sheridan, Wyoming 82801-6317

Registered Agent: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Physical Address of Limited Partnership**

Nevada Offices  
732 South 6th Street  
Suite N  
Las Vegas, Nevada 89101-6948

Wyoming Offices  
30 North Gould Street  
Suite N  
Sheridan, Wyoming 82801-6317

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Mailing Address of Limited Partnership**

Nevada Offices  
732 South 6th Street  
Suite N  
Las Vegas, Nevada 89101-6948

Wyoming Offices  
30 North Gould Street  
Suite N  
Sheridan, Wyoming 82801-6317

To the Attention of: \_\_\_\_\_ (Parent Company)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_



**Limited Partnership Ownership**

*Complete for each Ultimate Beneficial Owner (UBO) and make additional copies of the next page, if necessary*

Ultimate Beneficial Owner # 1 (General Partner)

Full Legal Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address is "Same as Above"

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile: + \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Country Code Area Code

E-Mail: \_\_\_\_\_

Your Profession: \_\_\_\_\_ Nationality: \_\_\_\_\_

% of Ownership: \_\_\_\_\_ % Capital Contribution: \$ \_\_\_\_\_

# of Interests: \_\_\_\_\_ out of 1,000 Interests Issued (10,000 Interests Available)

Yes "Custodian of Records" and "Communications Contact Person".

Yes This is an "Authorized Signatory" on the partnership bank account.

**Employer Identification Number (EIN) and Bank Account Introduction Document**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_ Expires: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year



# Government ID

## Color Copy

Corporate Transparency Act (CTA), Know Your Client (KYC) and Anti-Money Laundering (AML) regulations require we obtain a color-copy of a current and valid government-issued photo ID, such as a Passport, Driver's License or Military ID.

*Please make an 'original size' color-copy of your government ID in the space provided below.*



**Limited Partnership Ownership**

General Partner and/or Limited Partner # \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile: + \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Country Code Area Code

E-Mail: \_\_\_\_\_

Yes  No This is an "Authorized Signatory" on the partnership Bank Account.

Your Profession: \_\_\_\_\_ Nationality: \_\_\_\_\_

% of Ownership: \_\_\_\_\_ % Capital Contribution: \$ \_\_\_\_\_

# of Interests: \_\_\_\_\_ out of 1,000 Interests Issued (10,000 Interests Available)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License: \_\_\_\_\_

State: \_\_\_\_\_ Expires: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

**Government ID**

Color-Copy

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**Limited Partnership Ownership**

General Partner and/or Limited Partner # \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile: + \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Country Code Area Code

E-Mail: \_\_\_\_\_

Yes  No This is an "Authorized Signatory" on the partnership Bank Account.

Your Profession: \_\_\_\_\_ Nationality: \_\_\_\_\_

% of Ownership: \_\_\_\_\_ % Capital Contribution: \$ \_\_\_\_\_

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Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License: \_\_\_\_\_

State: \_\_\_\_\_ Expires: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

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# Order Form

## Limited Partnership

### Client Declaration and Signature

I confirm that all information given in this Order Form is true, correct and complete to the best of my knowledge and belief. By signing below I confirm to have read, understand and agree to be bound by the APSA "Terms and Conditions" as found on [AssetProtectionServices.com](http://AssetProtectionServices.com). I understand services shall not be initiated until such time as all supporting documents and full payment have been received and accepted by Asset Protection Services of America Trust.

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
Day                      Month                      Year

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Client Signature

### EIN Authorization

I hereby request and authorize Asset Protection Services of America Trust to obtain my partnership EIN (Employer Identification Number) on the IRS (Internal Revenue Service) website on my behalf for the aforementioned Partnership.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Client Signature

### Independent Agent

Who is your APSA independent agent?

### Referral Source

Who referred you to us please?