

# Judy Nedwick

## LORAIN COUNTY RECORDER

### Copy Department Account Request Form

Date: \_\_\_\_\_

I, \_\_\_\_\_, (Contact Person) work for (Company name) \_\_\_\_\_, and would like to open an account for ordering copies of documents.

I'm aware that the balance has to be paid 10 days after billing is sent. If payment is not received by that deadline, you're account will be revoked until balance is paid.

My billing address is:

Company Name \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Attn: (Contact Per) \_\_\_\_\_

Phone Number \_\_\_\_\_