Stephen Richer Recorder



Account Application

DATE OF REQUEST							
BUSINESS NAME							
TYPE OF BUSINESS							
TAX ID NUMBER							
ADDRESS							
MAIN CONTACT PERSON/TIT	LE						
E-MAIL ADDRESS		TELEPH	ONE				
RECORDING/DIGITAL CONTA	CT PERSON						
E-MAIL ADDRESS		TELEPH	ONE				
ACCOUNTING CONTACT PER	SON						
E-MAIL ADDRESS		TELEPH	ONE		FAX		
AUTHORIZED USER(S) OF TH	E ACCOUNT						
TYPE OF ACCOUNT REQUEST	ED						
Recording	Searches	Copies	3 rd Part	y Submitter	Governme	nt Entity	
I	OVDs	Bulk Image I	Data	_ Bulk Name	Data		
I understand a \$300 check payal credit balance must be maintaine request may be disabled.							
SIGNATURE/TITLE							
PLEASE RETURN COMPLETED AND DIGITAL RECORDING M ACCOUNTING TEAM, 111 S. 3 RD	OU (Pages 1-5) FORMS AN	ND \$300 C	HK TO THE			
Approved by:		Re	equest rejec	:ted:			
Date Account opened:		Da	ate:				
Account number:		Re	eason:				

In accordance with A.R.S. §39-121.03, all applicants must have certified statement of commercial use on file in the Maricopa County Recorder's Office prior to approval of this application.