CHARGE ACCOUNT APPLICATION

The following customer applies for a CHARGE ACCOUNT with the Calcasieu Parish Clerk of Court. The purpose of which shall be for the extension of charge privileges on recording fees, copying fees, and other authorized fees.

NAME OF BUSINESS			
EMAIL			
NAME OF RESPONSIBLE PARTY_			
NAME OF RESPONSIBLE PARTY			Last Name
BILLING ADDRESS			
			ZIP
BUSINESS PHONE		_BUSINESS FAX	
ADDITIONAL PHONE CONTACT F	OR RESPONSIBLE PARTY		
BUSINESS BANK NAME			
BANK ADDRESS			
			ZIP
CREDIT REFERENCES	TELEPHONE		CONTACT PERSON
1	-		
2			
3			
INDIVIDUALS AUTHORIZED TO	CHARGE ON THIS ACCOUNT:		
I		_the above-name	ed responsible party, do personally
guarantee to the Calcasieu Clerk	k of Court payment in full, plu		s, and costs owed under the terms
the Clerk of Court.	in guarantee shall remain in t	force until its revo	ocation is acknowledged in writing by
Signed		Date	
Guarantor's Name			
Guarantor's Phone			
RETURN FORM TO	Calcasieu Parish Clerk of (PO Box 1030	Court (ATTN: Fee	Dept)
	Lake Charles, LA 70601		
Charge Application ma	y be faxed/emailed to expec	dite set up of sear	rch account.
Must MAIL SIGNED ORIGINAL to FEE DEPARTMENT.			
FAX: 337-4	37-3804 or EMAIL: jlarocca	@calclerkofcourt	t.com