**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
 First Name Last NameFED EIN # or SOCIAL SECURITY#

BILLING ADDRESS

CITY STATE ZIP

BUSINESS PHONE BUSINESS FAX

ADDITIONAL PHONE CONTACT FOR RESPONSIBLE PARTY

**BUSINESS BANK NAME**

BANK ADDRESS

 CITY STATE ZIP

 BANK TELEPHONE

**CREDIT REFERENCES TELEPHONE CONTACT PERSON**

1

2

3

 **INDIVIDUALS AUTHORIZED TO CHARGE ON THIS ACCOUNT:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I the above-named responsible party, do personally
 guarantee to the Calcasieu Clerk of Court payment in full, plus all interest, fees, and costs owed under the terms
 of the foregoing agreement. Such guarantee shall remain in force until its revocation is acknowledged in writing by
 the Clerk of Court.

 **Signed Date**
 Guarantor’s Name
 Guarantor’s Address CITY, ST, ZIP
 Guarantor’s Phone
 RETURN FORM TO Calcasieu Parish Clerk of Court (ATTN: Fee Dept)
 PO Box 1030
 Lake Charles, LA 70601
 **Charge Application may be faxed/emailed to expedite set up of search account.
 Must MAIL SIGNED ORIGINAL to FEE DEPARTMENT.
 FAX: 337-437-3804 or EMAIL: jlarocca@calclerkofcourt.com**