

MIKE DORAN
LORAIN COUNTY RECORDER
COPY DEPARTMENT ACCOUNT REQUEST FORM

Date: _____

I, _____, work for _____ and would like to
(Contact Person) (Company Name)

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, your account will be revoked until balance is paid.

My billing address is:

Company Name: _____

Mailing Address: _____

City, State and Zip: _____

Attn: _____

Phone Number: _____