



Copy Request Agreement

Reference \_\_\_\_\_ Date of Request \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_

Please use a separate form if Copies Requested are for more than one county and state

Table with 6 columns: Recording Date, Doc Type, Document Number, # Copies, Plain or Certified, Copy Fee. It contains 6 empty rows for data entry.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

E Mail \_\_\_\_\_

Signature: \_\_\_\_\_

Agreement: This agreement between ASCC, Inc. (hereinafter referred to as "ASCC") and the "Undersigned" (hereinafter referred to as "Client") is for ASCC to act as Agent in requesting the recording of documents or other services requested by Client.

Acknowledgment. Client acknowledges and agrees as follows: (a) that ASCC has no duty or obligation in any way to review or examine the Documents or title to the respective property; (b) that the Company derives no direct or indirect benefit from the recording of or the obtaining of copies of the Documents beside agreed processing service fees; (c) that ASCC accepts no liability or responsibility as to the condition of the title of the property or as to the physical condition of the dwelling/lot, nor does ASCC warrant the validity, sufficiency, or effect of such documents requesting to be filed; (d) ASCC does not guarantee turnaround times and will request services at the appropriate County Agency as soon as practicable unless expressly agreed upon by ASCC and Client; (e) Client jointly and severally waive and release ASCC from any and all claims arising out of the Document and agree to hold harmless, protect and indemnify the Company from and against any and all liabilities, losses, damages, expenses, and charges including, but not limited to, attorney's fees and expenses of litigation, which may be sustained or incurred by ASCC in any way relating to, or arising directly or indirectly out of any document filed on behalf and requested by Client, including any claim, action, proceeding, judgment, order or process, arising from or based upon or growing out of the Client's active or passive negligence in connection with the documents. ASCC is acting as an agent for retrieval and makes no guarantee implied, stated, written or otherwise, as to the documents being requested.

Payment. ASCC accepts two forms of payments (Credit Card or Check) for processing services and County Agency fees associated with services requested and performed for the Client. The proper payment form (see attached) must be completed entirely before services can be rendered. ASCC reserves the right to collect document transfer tax in advance.

Service Fees. ASCC will charge fees for services requested by Client. Furthermore, the Client agrees to pay for requested services if ASCC dutifully requests copies of documents and there is insufficient information to obtain the documents and the retrieval is unsuccessful. Other services requested by Client will be charged if ASCC is contacted for cancellation after services have been performed.

Attorney's Fees. Client agrees that if a lawsuit shall be brought to enforce this Agreement, Client will reimburse ASCC all of it's attorney's fees.

Do not write below this line - ASCC use only

Payment Method \_\_\_\_\_ Subtotal \_\_\_\_\_

Copy Fees \_\_\_\_\_ Convenience Fees \_\_\_\_\_

Service Fees \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_

Other Fees \_\_\_\_\_ BALANCE DUE \_\_\_\_\_



Credit Card Authorization/Payment Agreement

Method of Payment:     Check         Credit Card

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

*Please write checks for an amount that is quoted , or leave checks blank, or include a “not to exceed” amount in the memo area of your check. Payment must be made in full prior to services being performed.*

*Please take a color picture of the front and back of the check and email our office.*

*Document transfer taxes may be collected in advance.*

*Please make checks payable to Record My Docs*

Credit Card Type:     Visa             Mastercard     Amex         Discover

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

*I authorize the purchase of services from ASCC, Inc. using this Credit Card Authorization Form. By using this account for payment a convenience fee of 3.5% of the total amount charged will be added to my invoice.*

*I agree that I will pay for any purchase and indemnify and hold ASCC, Inc. harmless against any liability pursuant to this authorization.*

*I understand that my signature on this form serves as authorized signature on the credit card charge slip.*

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_