



# RecordMyDocs.com

[staff@recordmydocs.com](mailto:staff@recordmydocs.com)

## Document Preparation Service Agreement Instructions

Complete the following sections:

1. **Document Type** – List what type of document you would like to have prepared. If requesting more than one document, please prepare a separate Document Preparation Service Agreement for each document requested.  
**County/State** – List the County and the State in which you would like your document to record.
2. **Return Address** – List the address where you would like the original document returned to once it is recorded.
3. **Last Recorded Document** - Complete this section if you would like us to obtain the last recorded Deed for the property that the document is being prepared for. If the document that is being prepared is a Deed that is changing title on a property, we will need a copy of the last recorded Deed to show how title is currently being held. If a copy of the last recorded Deed is ordered, additional Service Fees and County Recorder Copy Fees apply.
4. **New Title/Additional Info** – Enter information and/or instructions regarding your new document as applicable. For example, if the document being prepared is a Deed, enter how title will be held on the new document.
5. **New Document Recording Information** – Leave this area blank. Once the new document is recorded, the recording information for the document as provided by the county will be added here.
6. **Certified Copy** – Check the box if you would like to receive a Certified Copy of your new document once it is recorded. A Certified Copy is stamped or registered as Certified by the County in which it is recorded. Upon recording, a “conformed copy” of your recorded document will be sent via email with your confirmation information. If a Certified Copy is ordered, additional County Recorder Copy Fees and RecordMyDocs.com Service Fees will apply.  
**Rush Preparation** – RecordMyDocs.com regular turnaround time for Document Preparation is 1-3 business days. If you would like your document prepared on a Rush basis, additional fees apply and depends on availability. Contact us at 844-307-1733 or [staff@recordmydocs.com](mailto:staff@recordmydocs.com) for additional information.  
**Rush Recording** – Regular recording times vary by County and State. Rush Recording Service may expedite recording time by one business day and depends on availability. Contact us at 888-221-6663 or [staff@recordmydocs.com](mailto:staff@recordmydocs.com) for additional information.
7. **Contact Information** – Contact information is how we will send completed documents, recording confirmations, or communicate any issues that may arise with the preparation or recordation. By signing this section, client agrees to RecordMyDocs.com terms of service.
8. **Credit Card Authorization/Payment Agreement** – Complete this form according to payment information to be used to process order. RecordMyDocs.com accepts Credit Cards and Checks. Payment must be received in full prior to services being performed.

The completed Document Preparation Service Agreement can be sent via regular mail or overnight delivery, email, or fax to RecordMyDocs.com with any copies of prior recordings, additional documentation, and form of payment.

Recording confirmation information of Recording Date, Time, document number and fees will be added to this document and will be sent via email according to the contact information listed on the agreement.

Notary Services are available at RecordMyDocs.com. Contact us for additional information.



Document Preparation Service Agreement

1. Document Type: County State

2. Return Address: Name Address City State Zip

3. Please Obtain Last Recorded Deed/Document: County State Doc Type Recording Date Doc #

4. New Title/Additional Info:

5. New Document Recording Information (obtained once recorded):

Table with 5 columns: Date, Time, Instrument #, Taxes, Fees

6. Please check to order: Certified Copy Rush Preparation Rush Recording

7. Contact Information: Company:

Name Email

Address City

State Zip Phone Fax

Signature Date

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 preparation and 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 or other applicable entity; (b) that the Company derives no direct or indirect benefit from the recording 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 assumes no responsibility or liability as to the contents of the documents as provided and prepared. Client assumes full responsibility to verify that the contents of the prepared documents are true and correct and agrees to hold ASCC harmless for any resulting damages. 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 prepares documents or performs services as requested and order is canceled after work is performed, or submits documents for recording and the county agency rejects the documents and the recording 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

Summary table with columns for Document Preparation and Document Recording, and rows for Payment Method, Doc Prep Fees, Recording Fees, Service Fees, Notary Fees, Subtotal, Convenience Fees, AMOUNT PAID, 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: \_\_\_\_\_