

RecordMyDocs.com

staff@recordmydocs.com

Recording Service Agreement Instructions

Recording information for your document will be added to the RecordMyDocs.com Recording Service Agreement and sent back to you along with a conformed copy of the first page of your document. Please complete as follows:

1. <u>County/State</u> – List the County and State that your documents are recording in. If recording documents in more than one County or State, please prepare a separate Service Agreement for each County and State you are recording documents in.

<u>Date/Time</u> – This is the recording date and time information for your document and will be added by RecordMyDocs.com staff once your documents are recorded.

2. <u>Documents Will Be Recorded Under This Agreement In The Following Order</u> – List the order in which you would like your documents to record.

<u>Reference/Doc Type</u> – List a reference and your abbreviated Document Type (i.e. GD for Grant Deed, DT for Deed of Trust, etc.). Your reference can be an order #, a party's name, an APN #, etc. Your reference is a way that we can uniquely identify the document if we have an issue we need to communicate, or when sending recording confirmation. If sending multiple documents of the same title for the same property, you can differentiate the documents by numbering them in the order they are to record in the upper left hand corner. Instrument Number/Taxes/Recording Fees – These will be obtained once your documents are recorded.

 <u>Certified Copy</u> – 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.

<u>Rush Recording</u> – 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 310-734-6608 or <u>staff@recordmydocs.com</u> for additional information.

- 4. <u>Contact Information</u> 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.
- <u>Credit Card Authorization/Payment Agreement</u> 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.

Please deliver the completed Recording Service Agreement with your original documents and form of payment in person, via regular mail or overnight delivery to RecordMyDocs.com. Recording confirmation information of Recording Date, Time, document number and fees will be added to this document and will be sent with a conformed copy of the first page of the document via email according to the contact information listed on the agreement. Messenger services are available. Contact us at 888-221-6663 or staff@recordmydocs.com for additional information.



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Recording Service Agreement

1. County

State ____ Date____

Time

Please use a separate sheet if recording in more than one county

2. Documents will be recorded under this Agreement in the following order:

Reference	Doc Type	Instrument Number	Doc Taxes	Recording Fee

3.	Please check to order (additional fees apply):	□ Certified Copy	□ Rush Service
4.	Contact Information: Company:		
Name		Email	
Address	5	City	
State	ZipPhone	ı	Fax
Signatu	re	D	ate

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 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 lais 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 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. **Payment**. ASCC accepts two forms of payments (Credit Card or Check) for processing 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 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

Payment Method	Subtotal
Recording Fees	Convenience Fees
Service Fees	AMOUNT PAID
Other Fees	BALANCE DUE



Credit Card Authorization/Payment Agreement

		Amount \$			
the memo ar	ea of your check. I e take a color pictu Document		ks blank, or inclu n full prior to ser of the check and ollected in advan	ude a "not to exceed" amount in vices being performed. email our office. vce.	
		□ Mastercard		□ Discover	
Expiration Date:_		S	Security Code:		
Billing Address:			City:		
State	Zip	I	Phone:		
payment a c I ag	onvenience fee o gree that I will pa harmless aga	f 3.5% of the total am ny for any purchase ar ninst any liability purs	ount charged w ad indemnify an want to this auth		
Cardholder Signature:				Date:	