

Account Application

DATE OF REQUEST _____

BUSINESS NAME _____

TYPE OF BUSINESS _____

TAX ID NUMBER _____

ADDRESS _____

MAIN CONTACT PERSON/TITLE _____

E-MAIL ADDRESS _____ TELEPHONE _____

RECORDING/DIGITAL CONTACT PERSON _____

E-MAIL ADDRESS _____ TELEPHONE _____

ACCOUNTING CONTACT PERSON _____

E-MAIL ADDRESS _____ TELEPHONE _____

AUTHORIZED USER(S) OF THE ACCOUNT _____

TYPE OF ACCOUNT REQUESTED _____

Recording _____ Copies _____ 3rd Party Submitter _____ Government Entity _____

Bulk Image Data _____ Bulk Name Data _____

I understand that a \$300 check payable to Maricopa County Recorder is the minimum amount accepted to open the account, and that a \$50 credit balance must be maintained at all times. If the account is not in good standing at the time of a recording or copy request, the request may be disabled.

SIGNATURE/TITLE _____

**PLEASE RETURN COMPLETED APPLICATION, NON-COMMERCIAL PURPOSE, AND DIGITAL RECORDING,
MOU (Pages 1-5) FORMS AND \$300 CHECK TO THE MARICOPA COUNTY RECORDER,
ATTN: ACCOUNTING TEAM, 301 W. Jefferson St., Suite 200, PHOENIX, AZ 85003.**

Approved by: _____

Request rejected: _____

Date Account opened: _____

Date: _____

Account number: _____

Reason: _____

In accordance with A.R.S. §39-121.03, all applicants must have a certified statement of commercial use on file in the Maricopa County Recorder's Office before the approval of this application.