



P.O. BOX 2009
LAFAYETTE, LA. 70502

LOUIS J. PERRET
LAFAYETTE PARISH CLERK OF COURT
15TH JUDICIAL DISTRICT

PHONE: (337) 291-6345
FAX : (337) 291-6392

PLEASE PRINT OR TYPE

800 S. BUCHANAN STREET
LAFAYETTE, LA. 70501

CLERK OF COURT WEB SITE
<http://www.lpclerk.com/>

CREDIT APPLICATION FOR CHARGE ACCOUNT

Company Name: _____
(Legal name of company or individual)

Type of Business: _____ Years in business: _____

Mailing Address: _____

City _____ State _____ Zip _____

Physical Address: _____
(if different from above address)

City _____ State _____ Zip _____

Phone: _____ Fax _____

Accounting Contact: _____ E-mail: _____ Phone: _____

The account that you are applying for is a 30 day open charge account. R.S. 13:845 provides that fees to the clerk of court as ex-officio recorder be paid at the time services are rendered. As a courtesy and convenience, we are allowing you the privilege of paying on a 30 day basis.

Your office may request in writing that we bill this account for recording fees, copy or fax fees, certificates or other authorized fees. If applicable, online access monthly fee and online printing fees will be billed to this account. This account cannot be used to charge Civil Filing fees.

A monthly statement will be sent listing all unpaid invoices. Upon receiving this statement, the total amount shown is due. Failure to make prompt payments will be grounds for termination of this account.

The person signing this application must be authorized to sign agreements for this company.

As Individual, Owner, Partner, Principal, Member or Officer of the above named company, I hereby agree that I will pay all charges on this account upon receipt of the monthly statement.

Print Name of Person Applying: _____ Title: _____

Signature of Applicant: _____ Date: _____