LEGAL DOCUMENT MANAGEMENT, INC.

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Chicago, IL 60602
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legaldocs180@gmail.com www.alawclerk.com
Chicago's Premier Legal Support Service Since 1982

APPLICATION TO OPEN ACCOUNT

FIRM NAME: _____

ATTORNEY CODE NO.: _____ **COUNTY** _____

ADDRESS: _____
CITY: _____ **ZIP CODE:**_____

BILLING ADDRESS (IF DIFFERENT):_____
CITY: _____ **ST:** ____ **ZIP:** _____

CONTACT NAME(S): _____

TELEPHONE #: _____ **FAX #:** _____
E-MAIL : _____

REFERENCES: **Bank Name:** _____
Address: _____

Trade References: Company Name: _____
Contact Name _____ **Tel #** _____

Company Name: _____
Contact Name_____ **Tel #** _____

Credit Card Information To Remain On File: (OUT OF STATE CLIENTS ONLY)
AmEx _____ **Master Card** _____
Visa _____ **Exp. Date** _____

ACKNOWLEDGEMENT AND AUTHORIZATION: To Legal Document Management, Inc.: This shall be your authority and my request for you to be allowed to lawfully obtain pertinent formation concerning the credit standing of the named Applicant, and to open an account and extend credit for services with Legal Document Management, Inc. in the name of the above Applicant.

Date: _____ **Signature:** _____

Name: _____ **Title:** _____