
LEGAL DOCUMENT MANAGEMENT, INC.

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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: _____