

LAREDO APPLICATION

DATE: (TODAY) _____

DATE: (FIRST DAY OF SERVICE) _____

NAME OF COMPANY: _____

NAME OF AGENT: _____

ADDRESS FOR BILLING: _____

TELEPHONE: _____

USER NAME: _____

PASSWORD: _____

AMOUNT ENCLOSED: _____

0-250 MINUTES	\$50.00	.20 CENTS PER MINUTE OVERAGE CHARGE
251-1000 MINUTES	\$100.00	.15 CENTS PER MINUTE OVERAGE CHARGE
1001-3000 MINUTES	\$200.00	.12 CENTS PER MINUTE OVERAGE CHARGE
UNLIMITED	\$250.00	MONTHLY

PLEASE SEND CHECK FOR DESIRED TIME CHOSEN TO:

LA PORTE COUNTY RECORDERS
555 MICHIGAN AVE SUITE 201
LA PORTE, IN 46350-3488