

## Grant County Recorder

401 S. Adams St. Suite 334  
Marion, IN 46953  
765-668-6559

### Application for LAREDO Account:

In submitting this application, I understand and agree to the following:

- 1) Grant County will print any documents from Laredo for free through **October 31, 2019**.
- 2) Beginning **November 1, 2019** all prints from Laredo will be charged **\$1** per page printed.
- 3) Payment must be received within **15 days** of receipt of bill or your account will be closed without notification. Three late payments will result in accounts being permanently closed.
- 4) **You will be invoiced monthly via email.**
- 5) The user of LAREDO is responsible for and must provide all equipment necessary to access the County data.
- 6) Returned checks will incur a \$25.00 fee. (We do not accept credit or debit cards at this time)
- 7) The county is not responsible for errors made by the user/account holder when printing.
- 8) If more than one person in an office may be using LAREDO at the same time, you will need to assign a password for each user as only one user name may be logged in at the same time.
- 9) It is your responsibility to notify this office of any changes that would pertain to your account such as, name change, change in address, contact name, telephone number, or email address.
- 10) The county will assign a user name for you and you will supply the county with your password (the password is not case sensitive).
- 11) If there are multiple users under your account please also assign a password for these sub-accounts below.
- 12) The Customer agrees to refrain from selling copies of this database or images to third parties.

Company Name: \_\_\_\_\_

Authorized Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Billing email address: \_\_\_\_\_

(please type for accuracy)

Contact email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

I hereby give authorization for a LAREDO Account(s) to be opened at the Grant County Recorder's Office. I agree to the terms and conditions set forth in this application.

Authorized signature \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Password (up to 8 characters) \_\_\_\_\_

A user name will be assigned by the County.

Please indicate which plan you choose: \_\_\_\_\_

Plan A: 0-250 minutes	\$50.00 per month	.20 per min overage
Plan B: 251-1000 minutes	\$100.00 per month	.15 per min overage
Plan C: 1001-3000 minutes	\$200.00 per month	.12 per min overage
Plan D: Unlimited minutes	\$250.00 per month	
Plan E: Print Only (in Office)	\$1 per page-10¢ per information page	

\*per minute charge for each minute over the accepted plan

\*\*remote print copy fees are \$1.00 per page printed

Additional Sub Accounts/Users

User Name \_\_\_\_\_  
Assigned by County

Password: \_\_\_\_\_

User Name \_\_\_\_\_  
Assigned by County

Password: \_\_\_\_\_

User Name \_\_\_\_\_  
Assigned by County

Password: \_\_\_\_\_

User Name \_\_\_\_\_  
Assigned by County

Password: \_\_\_\_\_

User Name \_\_\_\_\_  
Assigned by County

Password: \_\_\_\_\_

User Name \_\_\_\_\_  
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User Name \_\_\_\_\_  
Assigned by County

Password: \_\_\_\_\_

User Name \_\_\_\_\_  
Assigned by County

Password: \_\_\_\_\_

User Name \_\_\_\_\_  
Assigned by County

Password: \_\_\_\_\_