

Prepaid Copies Account Form

Company Name: _____

Address: _____

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

Authorized Representatives:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I, _____ (name/title) acknowledge that any funds applied to the _____ (company name) prepaid copies account, are non-refundable. We are solely responsible for the balance on our account and understand we are not able to receive any copies unless our account balance provides the funds to do so.

Signature: _____

Date: _____

*Please mail completed form and check to:

Shelby County Recorder's Office
129 E Court St
Sidney, OH 45365