

RecordMyDocument.com  
 9025 Wilshire Blvd Suite 301  
 Beverly Hills, CA 90211  
 Phone: 888-221-6663

Recording Services Agreement

1.) County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
*Please separate sheets if recording in more than one County* *Recording Date and Time entered by RMD*

2.) Documents to be recorded:

Reference	Doc Type	Instrument #	Taxes/Copy Fee	Recording Fees'

3.) Please check to order (additional Fees apply):  Certified Copy  Rush Service

4.) Your contact information:

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Agreement:** Signing by hand and/or by checking the digital signature, box constitutes a legal signature confirming acknowledgment and agreement to the above Terms of Service and Acceptance. This agreement is between RecordmyDocument (hereafter referred to as "the company") and the undersigned (hereafter referred to as "Client") is for the company to act as agent in requesting recording of document and other services requested by client.

**Acknowledgment:** client acknowledges and agrees as (a) the company has no duty or obligation in any way to review or examining the documents or title to the respective property, (b) that the company derives direct or indirect benefit from the recording of the documents beside the agreed upon processing fees, (c) that the company accepts no liability or responsibility as to the condition of the title of the property or as to the physical condition of the dwelling /lot, nor does the company warrant the validity, sufficiency, or effect of such document requesting to be filed. (d) the company does not guarantee turnaround times and will submit a request at the appropriate county agency as soon as possible unless expressly agreed upon by the company and client. (e) client jointly and severally waives and releases the company from any and all claims arising out of document recording and agree to hold harmless protect and indemnify the company from and against all liabilities, losses and damages, expenses and charges including and not limited to attorney fees and expenses from litigation which may be sustained or incurred by the company in anyway relating to or arising directly or indirectly out of any document filed on behalf and requested by client including any claim, action and proceeding judgment order or process arising from of based or arising upon or growing out of client active or passive negligence in connection with the document.

**Payment:** The company accepts two forms of payment (credit card or check) for processing services and county agency fees associated with services requested and preformed for the client. The proper payment form (see attached) musty be completed in its entirety before services can be rendered. The company reserves the right to collect document transfer tax in advance. Payment for remaining balance is due is due upon notice and is subject to late fees after 48 hours.

**Services fees:** The company will charge fees for services requested by client. Client agrees to pay for requested services if the company dutifuly submits documents for recording and the recording is successful. Services requested by the client will be charged if cancellation is request and received after services have been performed

**Attorney fees:** client agrees that if a lawsuit shall be brought to enforce this agreement. The client will reimburse the company all attorney fees

Do not write below this line RMD Use only

Payment Method _____	Subtotal _____
Recording Fees _____	Convenience Fees _____
Services Fees _____	Amount Paid _____
Other Fees _____	Balance Due _____

9025 WILSHIRE BOULEVARD, SUITE 301  
BEVERLY HILLS, CA 90211  
TELEPHONE 310.734.6608  
FAX 818.480.4388

AUTHORIZATION TO USE CREDIT CARD

I, \_\_\_\_\_ hereby authorize the Sterling to utilize  
CARD HOLDER

my Visa/Master Card/Discover, card# \_\_\_\_\_,  
CIRCLE ONE CREDIT CARD NUMBER

in the name of \_\_\_\_\_, which expires on \_\_\_\_\_, for services  
NAME AS APPEARS ON CARD EXP. DATE (mm/yy)

I understand this authorization is irrevocable.

V-CODE- VISA/MC/DISCOVER (Last 3 number on back of car): \_\_\_\_\_

County Recording Fee: \$TBD  
Electronic Transfer Fee: \$5.00  
Processing Fee: \$40.00

BILLING ADDRESS: \_\_\_\_\_

Total Fee's : \$ TBD

HOUSE NUMBERS

STREET NAME

CITY

STATE

ZIP CODE

TRANSACTION REFERENCE NUMBER: \_\_\_\_\_

We MUST receive a copy of the front of your credit card, which shows the name on the credit card, number, and expiration date, as well as a copy of photo identification. This can be you valid driver's license or any other form of photo identification. We must receive copies of these documents from you along with this signed authorization in the time period which you were told by a representative of the Sterling services. This time period is either within twenty four hours (if this is a new client) or within seven days of this date (if this is an existing client).

If you have any questions, contact our office immediately. Thank you for your cooperation in this regard which will permit us to provide the highest quality services to our client.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CARD HOLDER