

ONLINE SERVICES ACCOUNT APPLICATION

Company/Individual Name _____

Person Responsible for Account _____

Contact Person _____ Phone # (____) _____

Billing Address _____

Email Address _____

User ID _____ Preferred Password _____

Beginning Service Date _____

*Monthly charges will not be pro-rated. Charges will be made to your account on the 1st business day of each month.

*Accounts will be cancelled for thirty days delinquency of payment and will only be reopened with a \$50.00 reinstatement fee.

*If you do not have a current charge account you must also return a ["Charge Account Application"](#) with this application.

I have read and accept the terms and conditions.

Authorized Signature _____ Date _____

Please Print Name _____

Return this form with advance payment of \$85.00 to: Webster Parish Clerk of Court
P O Box 370
Minden, LA 71058

YOU WILL BE NOTIFIED BY EMAIL WHEN YOUR ACCOUNT HAS BEEN ACTIVATED.