

ONLINE SERVICE APPLICATION

COMPANY NAME OR FULL NAME

TYPE ENTITY: _____ ABTRACTOR
 _____ BANK
 _____ GENELOGIST
 _____ LAW ENFORCEMENT AGENCY
 _____ LAW FIRM
 _____ OTHER, DESCRIBE: _____
 _____ PERSONAL USE

YOUR CONTACT INFORMATION:
DESIGNATED CONTACT PERSON _____
PHONE # _____
FAX # _____
E-MAIL ADDRESS _____
MAILING ADDRESS _____
CITY, STATE, ZIP _____

REQUESTED PASSWORD _____

TERMS & CONDITIONS

As a subscriber, I agree not to use any third party software to search the records. I understand that the information on this website is placed there for the convenience of the public and this office assumes no responsibility for the accuracy or completeness of any one item. I agree to make every effort to verify the information before relying upon it. E-mail will not be recognized as official communication or notice as may be required by law. I understand that I am subject to have my access denied for failure to comply with this agreement.

I, HEREBY AGREE TO PAY THE SET UP FEE OF \$50 AND \$100 PER MONTH FOR ONLINE SERVICES.

_____ SIGNATURE

_____ DATE