



**APPLICATION TO RECEIVE LOUISIANA UCC LIEN ACTIVITY REPORTS**

Company Name:		Phone:	
Contact Name:	Contact Email <sup>1</sup> :		
Address:			
City:	State:	ZIP Code:	Fax:

**BILLING INFORMATION (IF DIFFERENT FROM APPLICANT INFORMATION)**

Address:		Attn:
City:	State:	ZIP Code:

**PARISH SELECTION**

Please list the parishes for which you would like to receive UCC lien activity reports (all parishes available):

Note: Subscriptions are \$25.00 per parish per month. Pricing subject to change. Cancel anytime without penalty.

**PREFERENCES**

Please choose from the following (earliest report available is July 2009):

- Send reports covering the date range of \_\_\_\_\_ to \_\_\_\_\_ and then stop sending.
- Send reports covering the date range of \_\_\_\_\_ to \_\_\_\_\_ and continue sending in the future.

Delivery Method:	If Email, format:	Include filings made by:	Sort reports by:	Bill me:
<input type="checkbox"/> Email	<input type="checkbox"/> Excel	<input type="checkbox"/> Personal Lenders/Finance Co.'s Only	<input type="checkbox"/> Secured Party	<input type="checkbox"/> Monthly
<input type="checkbox"/> Fax	<input type="checkbox"/> Adobe	<input type="checkbox"/> Non-Pers. Lenders/Non-Fin. Co.'s Only	<input type="checkbox"/> Debtor	<input type="checkbox"/> Quarterly
		<input type="checkbox"/> Include all lien filings		<input type="checkbox"/> Annually

Send monthly reports to:

Email/Fax: _____	Email/Fax: _____
Email/Fax: _____	Email/Fax: _____
Email/Fax: _____	Email/Fax: _____

**TERMS AND CONDITIONS OF USE**

**Exclusive limited warranty and limitation of liability:** The reports are provided on an "as is" basis and Trahan Solutions does not assure or warrant the correctness, comprehensiveness or completeness of them or any data, and Customer agrees and acknowledges that Trahan Solutions shall not be liable for any loss or injury caused in whole or in part by contingencies beyond its control.

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**SIGNATURE**

I certify that I have completely and accurately completed this application and that I have read and agree to the above TERMS AND CONDITIONS OF USE.

Signature of applicant:	Date:
Name of applicant (please print):	Title:

To subscribe, fax this form to (888) 388-6018 (if you have trouble with the fax, try without a "1" before the number) or send it to:

**Trahan Solutions, Inc.**  
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 Monroe, LA 71207

1 We will never share or sell your email address. For more information on our policy, email [support@trahansolutions.com](mailto:support@trahansolutions.com).