



APPLICATION TO RECEIVE ALABAMA UCC LIEN ACTIVITY REPORTS

Company Name:		Phone:	
Contact Name:	Contact Email:		
Address:			
City:	State:	ZIP Code:	Fax:

BILLING INFORMATION (IF DIFFERENT FROM APPLICANT INFORMATION)

Address:		Attn:	
City:	State:	ZIP Code:	

COUNTY SELECTION

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

Note: Subscriptions are \$25.00 per county per month. Cancel anytime without penalty.

PREFERENCES

Please choose from the following:

- Please send me reports from the previous ____ months and then stop sending.
- Please send me reports from the previous ____ months and continue sending in the future.

Delivery Method:	If Email, select format:	Sort reports by:	Bill me:
<input type="checkbox"/> Email	<input type="checkbox"/> Excel	<input type="checkbox"/> Secured Party	<input type="checkbox"/> Monthly
<input type="checkbox"/> Fax	<input type="checkbox"/> Adobe	<input type="checkbox"/> Debtor	<input type="checkbox"/> Quarterly
			<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.

Limited License: Customer agrees that it is licensing the product(s) for its end use only and not for resale or redistribution. Customer further warrants not to reverse assemble, reverse compile, or otherwise attempt to create, copy, or duplicate, in whole or in part, the product(s) except for internal printing and/or downloading specifically and exclusively for its own end use.

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:

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