



APPLICATION TO RECEIVE MISSISSIPPI UCC LIEN ACTIVITY REPORTS				
Company Name:			Phone:	
Contact Name:		Contact Email <sup>1</sup> :		
Business Address:				
City:	State:	ZIP Code:	Fax:	
BILLING INFORMATION (IF DIFFERENT FROM APPLICANT INFORMATION)				
Address:				
City:	State:	ZIP Code:		
COUNTY SELECTION				
Please list the counties for which you would like to receive lien activity reports:				
Note: You will be billed \$15 per county per month.				
PREFERENCES				
<b>Please choose from the following:</b>				
<input type="checkbox"/> Please send me reports from the previous ____ months and then stop sending.				
<input type="checkbox"/> Please send me reports from the previous ____ months and continue sending in the future.				
Delivery Method:	If Email, format:	Send reports:	Sort reports by:	Bill me:
<input type="checkbox"/> Email	<input type="checkbox"/> Excel	<input type="checkbox"/> Weekly	<input type="checkbox"/> Secured Party	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually
<input type="checkbox"/> Fax	<input type="checkbox"/> Adobe	<input type="checkbox"/> Monthly	<input type="checkbox"/> Debtor	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
TERMS AND CONDITIONS OF USE				
<p><b>Exclusive limited warranty and limitation of liability:</b> 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.</p> <p><b>Limited License:</b> 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.</p>				
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 or send it to:

**Trahan Solutions, Inc.**  
**P.O. Box 2372**  
**Monroe, LA 71207**

1 We will never share or sell your email address. For more information on our policy, email support@trahansolutions.com.