



## TitleTRAX Registration

FIRM NAME: \_\_\_\_\_

FIRM ADDRESS: \_\_\_\_\_  
Street or PO Box City Zip

E-MAIL: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_ FAX #: \_\_\_\_\_

Referred to **TitleTRAX** by: \_\_\_\_\_

Members of your staff, INCLUDING YOURSELF, that you would like to have access to your firm's **TitleTRAX** account.

1.	Name	Email	NC State Bar No. (if applicable)	Can Create Templates On My Behalf		Can Submit Title Opinions On My Behalf	
				Yes	No	Yes	No
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As the attorney of record, I hereby authorize Commonwealth Land Title Insurance Company and Fidelity National Title Insurance Company acting directly or through their authorized agents to accept Opinions of Title by electronic submission and intend for the "Submit" button to act as my electronic signature.

\_\_\_\_\_  
Attorney's Name Attorney's Email Address Attorney's Signature