



New Contractor/Abstractor Information

COMPANY NAME: _____

OWNER'S NAME: _____

ADDRESS: _____

PHONE #: _____ (OR) _____ FAX #: _____

WEBSITE: _____

EMAIL ADDRESS: _____

SSN: _____ (OR) TAX ID: _____

*****SSN OR TAX ID # MUST CORRESPOND WITH BUSINESS OWNER*****

PLEASE LIST THE STATES/COUNTIES COVERED AND EXPECTED TURN-TIME :

PLEASE SEE NEXT PAGE IF YOU NEED ADDITIONAL SPACE OR ATTACH YOUR FEE SHEET

DOES YOUR COMPANY HAVE ACCESS TO THE FOLLOWING?:

- FAX MACHINE EMAIL
 SCANNER INTERNET ACCESS AT THE COURTHOUSE

I HAVE COMPLETED THIS APPLICATION COMPLETELY AND TRUTHFULLY.

I ALSO UNDERSTAND THAT I WILL SUBMIT AN INVOICE TO PUNCTUAL ABSTRACT WITH EACH COMPLETED SEARCH.

SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

DATE: _____

PLEASE FILL OUT AND RETURN THE ABOVE INFORMATION WITH A COPY OF YOUR W-9 FORM AND A COPY OF YOUR E&O INSURANCE COVERAGE.

