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Reset Form

titleTRAX Registration Sheet*

Firm Name: _____

Phone: (____) _____ - _____ City: _____

Referred to *titleTRAX* by: _____

Please identify members of your staff you would like to have access to your firm's titleTRAX account

	Name	Email Address	Can submit Opinions on My behalf	Can edit templates
1.	_____	_____		
2.	_____	_____		
3.	_____	_____		
4.	_____	_____		
5.	_____	_____		
6.	_____	_____		
7.	_____	_____		
8.	_____	_____		

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 on 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

*If multiple attorneys are registering for titleTRAX – Please use a separate registration sheet per attorney.