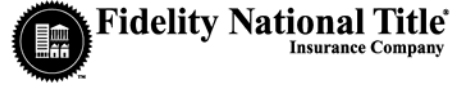


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# *i*Title<sup>TM</sup> Registration Sheet\*

Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ City: \_\_\_\_\_

Referred to *iTitle* by: \_\_\_\_\_

Please identify paralegals, legal assistants, title abstractors, etc. you would like to have access to your firm's *iTitle* account

	Name	Email Address	Check here to give the user the ability to submit opinions
1.	_____	_____	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>
6.	_____	_____	<input type="checkbox"/>
7.	_____	_____	<input type="checkbox"/>
8.	_____	_____	<input type="checkbox"/>
9.	_____	_____	<input type="checkbox"/>

As the attorney of record, I hereby authorize Fidelity National Title Insurance Company to accept Opinions on Title by electronic submission and intend for the "submit" button to act as my electronic signature.

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

**\*Please Note: If multiple attorneys are registering for *iTitle* – Please use a separate registration sheet per attorney.**