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ATTORNEY PARTICIPATION FORM

(Please type or Print)

| Firm Name | Bar No | |
|--|--|--|
| Contact Name | Title | |
| Address | | |
| | State | |
| Phone () | Fax | |
| Email | Web Address | |
| get 3 rd Free. Public Records Direct Mail So | one year by category traffic or personal in ervice is \$1.15 per mailed record and inclu Paid Weekly after processing via on file cr | des data, printing and mailing to |
| Traffic Counties Requested: | | |
| PI Counties Requested: | | |
| PR Direct Counties Requested: | | |
| PAYMENT METHOD | | |
| [] E-Check – Name on Account _ | | |
| Bank Name | Address | |
| Routing Number | Account Number _ | |
| [] Credit Card – Name on Card _ | | |
| Card Number | Expires | CID No |
| Total Fees For Listings \$ charge credit card or process E- Checks for | By Signing you give Result or services rendered. Listings will be active | s Business Solutions authorization to within 24 hours. |
| Authorized Signature Fax to 800-560-0374 or Email to Ir | nfo@TrafficLawyers.com | Date |