

# Customer Information Sheet

Complete Sections 1 and 2, then return this form to the Fund branch in your area:

Branch Manager  
Attorneys' Title Insurance Fund, Inc.

\_\_\_\_\_  
\_\_\_\_\_

## 1 CUSTOMER INFORMATION

Individual or Firm Name: \_\_\_\_\_

Member No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

4REAL Contact Name: \_\_\_\_\_

(The contact is the person in your office who will coordinate the 4REAL setup.)

## 2 LICENSE AND INSTALLATION INFORMATION

**IMPORTANT! Customers must meet or exceed Fund hardware requirements. See below.**

**1. Reason for order**

- New Customer
- Additional CD's
- Other \_\_\_\_\_

**2. Number of 4REAL CD's \_\_\_\_\_ (\$50 each)**

### SOFTWARE REQUIREMENTS:

**Operating System:**

Windows 95 (version 4.00.950B or later)  
Windows 98  
Windows NT 4.0  
Windows 2000 Professional

### HARDWARE REQUIREMENTS:

**PC Based Workstation:**

166MHz processor  
32MB RAM (64MB for Windows NT or 2000)  
Minimum 4x CDROM (if installing by CD)  
100 MB free disk space  
HP Compatible Laser Printer

**Notes**

- No third-party word processing program is required.
- Laser printers designed for corporate or business use are recommended. Inkjets, bubblejets, and dot matrix printers are not tested.
- This application is intended to be installed locally and run from stand-alone workstations. It is not a multi-user network application.

### OTHER REQUIREMENTS:

Backup Solution