

Web Account Information

Company Name: _____
Billing Address: _____

Please provide the names, phone numbers and email addresses for two staff persons who will serve as a point of contact.

Contact 1: _____ Contact 2: _____
Phone: _____ Phone: _____
Email: _____ Email: _____

_____ Date _____
Signature for one of the contact persons

System Users:

Please provide your user names and passwords:

Name: _____ Name: _____
User ID: _____ User ID: _____
Password: _____ Password: _____

Name: _____ Name: _____
User ID: _____ User ID: _____
Password: _____ Password: _____

Please make checks payable to Oneida County Register of Deeds. A minimum \$25 check is required to establish the account. Please be advised that **we are unable to write refund checks.** **You will need to draw down your balance to close your account.**

Send completed Agreement, this form and payment to:

Oneida County Register of Deeds
PO Box 400
Rhinelander WI 54501

To be completed by Oneida County:

Account number:
Date assigned: