



Doug Belden, Tax Collector

## Escrow Account Application

Company/Organization Name: \_\_\_\_\_

Type of Business:      Franchise Dealers                  Attorney  
   Independent Dealers                  Other \_\_\_\_\_  
   Financial Institutions

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

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

Estimated Monthly Activity \$ \_\_\_\_\_

Which Branch office will you take work to: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return by way of facsimile or mail to Darlene Coleman's attention at the address below.**