



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.