



601 E. Kennedy Blvd. 14th Floor | Tampa, FL 33602
 MAILING: P.O. BOX 21608 | Tampa, FL 33630-3009
 P: 813.635.5284 | F: 813.635.5218 | hillstax.org

Holding Account Application

Company/Organization Name:

Type of Business:	Franchised Dealer	Independent Dealer	Enter License #
	Attorney	Financial Institution	Other

Contact Person:

Mailing Address:

Email Address:

Phone #:

Fax #:

Estimated Monthly Activity \$

Which Branch office will you take work to:

Signature:

Date:

Please return completed application by fax to Darlene Coleman at 813-635-5212.