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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 via email to Holding Account Balance Requests:
holdingaccounts@hillstax.org**