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Holding (Trust) Account Application

Company/Organization Name:

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

Contact Person:

Mailing Address:

Email Address:

Phone #:

Fax #:

Estimated Monthly Activity: \$

Authorized Signature:

Date:

Please return completed application via email to:

Holding (Trust) Account Balance Requests

holdingaccounts@hillstax.org