



ESCROW ACCOUNT APPLICATION

For Requests for Lien Information

<i>Please establish an escrow account in the firm name listed below:</i>					
Company Name:					
Company Address:					
City:		State:		Zip Code:	
Contact Name:		Telephone:			
Contact Name:		Telephone:			
Email Address:		Fax Number:			
<p>We agree and understand that prepayment is required with each request for lien information and that each request must be submitted on a separate "Request for Lien Information Form". We further agree to deposit funds in increments of at least one hundred dollars (\$100.00), and that our returned check will serve as receipt for said deposits. We agree to and understand that Requests for Lien Information will be fulfilled when the escrow account has a sufficient balance to cover the expense(s) of the request(s). If the escrow account does not have a sufficient balance to cover the expense(s) of the request(s), we will submit a check to reimburse the escrow account and/or cover the amount of the request(s).</p>					
Signature:					

STATE OF _____ COUNTY OF _____

On this, the _____ day of _____, 20____, before me the undersigned,

a Notary Public of the State of _____ personally appeared _____

as _____ of _____

who is personally known _____, or provided _____

as identification, and that the foregoing instrument was signed on behalf of said corporation by Authority of its Board of Directors, and that they acknowledge the execution of said instrument to be the voluntary act and deed of said corporation.

Notary Signature _____ My Commission Expires _____	Notary Seal
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