



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@hillstaxfl.gov