

ESCROW ACCOUNT APPLICATION

Mail this form to:

CLERK OF COURT - VOLUSIA COUNTY
ATT: ACCOUNTING DEPARTMENT
P.O. BOX 6043, DELAND, FL 32721

Telephone: (386) 822-5726
Federal ID# 59-6000886

This application is made to the Clerk of the Circuit Court, Volusia County, Florida for the purpose of providing escrow account services. The applicant is requesting the privilege to charge fees and service charges to a pre-paid escrow account.

Name: _____

E mail address: _____ Telephone: _____

Mailing address: _____

Type of business: _____

CORPORATION __ PARTNERSHIP __ PROPRIETORSHIP __ GOVERNMENT __ OTHER _____

Federal ID number: _____

Officers/Owners:	Position
_____	_____
_____	_____

Account Limit Requested:

\$200 __ \$400 __ \$600 __ OTHER _____

A DEPOSIT IS REQUIRED TO OPEN YOUR ACCOUNT. ATTACH A CHECK PAYABLE TO "CLERK OF COURT" FOR THE AMOUNT INDICATED ABOVE. GOVERNMENTS ARE NOT SUBJECT TO THIS REQUIREMENT.

AUTHORIZED USER NAME:

SIGNATURE:

I/We the undersigned understand and agree to the escrow account terms of the Clerk of the Circuit Court, Volusia County, as follows:

1. The Clerk of the Circuit Court is hereby authorized to obtain any information the Clerk deems necessary for the approval of this application.
2. The Clerk will allow the customer to charge each month's usage up to the deposit amount. Payment for invoices should be made within ten (10) days of the invoice date. Failure to pay an invoice in a timely manner may result in termination of the escrow account.
3. The applicant and/or joint applicant shall be jointly and severally responsible for the payment of the current balance of the account established pursuant to this application.
4. All cost of collection of accounts over forty-five (45) days old, including reasonable attorney's fees, and/or collection agency fees shall be paid by this applicant.
5. Applicant agrees to notify the Clerk's office in writing of any change in authorized users.

I/We hereby certify that the statements herein contained are true and correct to the best of my/our knowledge.

NAME OF BUSINESS: _____

SIGNED BY: _____ TITLE: _____

SIGNED BY: _____ TITLE: _____

DATE: _____

APPROVAL – LAURA E. ROTH, CLERK OF CIRCUIT COURT - VOLUSIA COUNTY, FLORIDA

BY: _____ Title: _____

DATE: _____