



HOLDING (TRUST) ACCOUNT APPLICATION

Company/Organization Name: _____

Type of Business:

- Franchised Dealer
- Independent Dealer, Enter License Number: _____
- Attorney
- Financial Institution
- Fleet
- Other

Contact Person: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Estimated Monthly Activity: \$ _____

Authorized Signature: _____

Date: _____

Please return completed application via email to holdingaccounts@hillstaxfl.gov.