

## **ESCROW ACCOUNT APPLICATION**For Requests for Lien Information

Please establish an escrow account in the firm name listed below: Company Name City State Zip Code Contact\_\_\_\_\_ Telephone No. (\_\_\_\_\_)\_\_\_ Contact\_\_\_\_\_\_ Telephone No. (\_\_\_\_\_)\_\_\_\_ Facsimile No.( ) Email 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). STATE OF ) SCT. COUNTY OF On this the day of , 200 , before me the undersigned, a Notary Public of the State of \_\_\_\_\_\_personally appeared\_\_\_\_\_ of 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. Signature Printed Name NOTARY PUBLIC

MY COMMISION EXPIRES: \_\_\_\_\_200\_\_\_\_