

Escrow Funds Account Application

Completion of ALL sections is required to process this Application.

Client's Information

Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Funds Required \$ _____
Funds needed for how long? _____ Days

Seller's Information

Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Purchase Price \$ _____ (Complete for Real Estate Transaction)

Escrow/Closing Agent Information (Please attach contract/escrow agreement)

Name _____
Company _____
Work Phone _____

By: _____ Date: _____

Print Name

All information will be treated with the strictest confidence.