



CRAWFORD COUNTY RECORDER'S OFFICE

Julie A. Wells, Recorder

APPLICATION TO ESTABLISH AN ESCROW ACCOUNT (PLEASE TYPE OR PRINT)

Company Name: _____

Primary Contact Name: _____

Address: _____

Telephone: _____ Fax _____

Email: _____

CountyFusion Username: _____

(The administration of the account will be tied to the Primary Contact's username. If no username is provided, one will be assigned by Crawford County and sent to the Primary Contact.)

AUTHORIZED USERS

Amount Attached: \$ _____ Check Money Order Cash

AUTHORIZED SIGNATURE

TYPE OR PRINT AUTHORIZED SIGNATURE

DATE

APPROVED: _____ DATE: _____

ESCROW ID: _____