



**MOTOR CARRIER DIVISION**  
**DEPOSIT FOR ESCROW ACCOUNT**

*Will not take deposit less than Minimum*

Company name: \_\_\_\_\_

Deposit Date: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Deposit Amount: \$ \_\_\_\_\_

Phone Number: \_\_\_\_\_

*Required minimum deposit \$305*

**Please complete the form in its entirety**  
**Return this copy with deposit**

**Questions please call (512) 465-5626**