



TRUST ACCOUNT APPLICATION

Date _____

Contractor or Business Name _____
PLEASE PRINT

Address _____

City/State/Zip _____

Phone Number (_____) _____

Contractor License Number (Trust account number) _____

Please check one: Open new trust account Add to existing trust account

Amount of Deposit \$ _____

If deposit is to be made by credit card please complete the following:

Card Number: _____ Exp Date: ____ / ____ (M M / Y Y)

Name as shown on card: _____

Authorized Signature: _____

Name Printed: _____

CVV2 (Required 3-4 digit number on back of card) _____

Billing Address for this card: _____

Billing Zip Code for this card: _____ Auth. #. _____

OFFICE USE

Phone Number: (_____) _____

Department of Land Use & Transportation <> Development Services
155 N First Avenue, Suite 350, Hillsboro, OR 97124-3072
Building Services Section <> Phone: 503-846-3470 <> Fax: 503-846-3993 <> Mail Stop 12
Current Planning Section <> Phone: 503-846-8761 <> Fax 503-846-2908 <> Mail Stop 13