

**ESCROW AGREEMENT INFORMATION WORKSHEET**

**1. DEPOSITING PARTY INFORMATION**

Legal Name of Depositing Party: \_\_\_\_\_

Depositing Party Entity (check one):  Corporation;  Limited Liability Company;  Limited Partnership;  
 Trust; or Other (please specify): \_\_\_\_\_

State under which it was incorporated, organized, or associated is: \_\_\_\_\_

Street Address of Depositing Party: \_\_\_\_\_

City, State and Zip of Depositing Party: \_\_\_\_\_

Telephone Number of Depositing Party (including area code): \_\_\_\_\_

Fax Number of Depositing Party (including area code): \_\_\_\_\_

Contact Name of Depositing Party: \_\_\_\_\_

Title of Contact Name of Depositing Party (if any): \_\_\_\_\_

Email Address for Contact of Depositing Party: \_\_\_\_\_

**2. BENEFICIARY PARTY INFORMATION**

Legal Name of Beneficiary Party: \_\_\_\_\_

Beneficiary Party Entity (check one):  Corporation;  Limited Liability Company;  Limited Partnership;  
 Trust; or Other (please specify): \_\_\_\_\_

State under which it was incorporated, organized, or associated is: \_\_\_\_\_

Street Address of Beneficiary Party: \_\_\_\_\_

City, State and Zip of Beneficiary Party: \_\_\_\_\_

Telephone Number of Beneficiary Party (including area code): \_\_\_\_\_

Fax Number of Beneficiary Party (including area code): \_\_\_\_\_

Contact Name of Beneficiary Party: \_\_\_\_\_

Title of Contact Name of Beneficiary Party (if any): \_\_\_\_\_

Email Address for Contact of Beneficiary Party: \_\_\_\_\_

