

ESCROW AGREEMENT INFORMATION WORKSHEET

1. DEPOSITING PARTY INFORMATON

	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 INFORMATON
	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:



3. ESCROW DEPOSIT INFORMATION Amount of Escrow Deposit: \$ Deposit to be via (check one): ☐ Wire Transfer; ☐ Cashier's Check; ☐ Company Check; ☐ Personal Check; or Other (please specify): 4. ESCROW DISBURSEMENT INFORMATION Amount of Escrow Disbursement (if different than Escrow Deposit): \$ ☐ Wire Transfer (please provide wiring instructions); or Disbursement to be via (check one): ☐ Escrow Check (please complete below info): Mailing Address: City, State and Zip: 5. ESCROW AGENT PAYMENT INFORMATION ☐ Depositor; ☐ Beneficiary; ☐ Split 50/50; or Escrow Fee paid by (check one): Other (please specify): 6. ADDITIONAL INFORMATION