Application to Establish Drawdown Account

NYS Department of State
Division of Corporations, State Records and Uniform Commercial Code
One Commerce Plaza, 99 Washington Avenue Albany, NY 12231
www.dos.ny.gov

1. COMPANY OR INDIVIDUAL NAME

NAME: .....

ADDRESS: .....

.....

.....

TELEPHONE NUMBER ( ) FAX NUMBER ( )

2. CONTACT PERSON:

.NAME: .....

ADDRESS: .....

.....

.....

TELEPHONE NUMBER ( ) FAX NUMBER ( )

E-MAIL ADDRESS: .....
(MANDATORY)

3. CHECK BOX(ES) FOR SERVICE(S) DESIRED:

☐ Direct Access To Database ☐ Filing And Other Services

OFFICE USE ONLY: DO NOT WRITE IN THIS SPACE

This Application Requires A Minimum Deposit of $100.