

STATE OF NEVADA

FRANCISCO V. AGUILAR  
*Secretary of State*



OFFICE OF THE  
SECRETARY OF STATE

Dear Business Customer:

Enclosed is a *Trust Account Application* and *Terms and Conditions*. Any business or individual may open a trust account to be used for processing work in the office or on the Secretary of State's website. The State Treasurer holds the money deposited with the Secretary of State in trust. If you wish to use this service, please complete, sign, and return the **Trust Account Application** and **Terms and Conditions** along with a minimum **\$100 initial deposit**. Please note that a \$100 minimum balance must be maintained at all times.

All fees due to the Secretary of State may be charged against the trust account. When requesting that fees be charged against trust funds, please indicate the account number along with the name of the person submitting the request. Requests cannot be processed without this information. Your account will be charged and a copy of the receipt will be available via our website.

If the account balance is insufficient to cover a request, the account will automatically be placed in a "HOLD" status until receipt of sufficient funds. To avoid delays in processing your documents, regularly monitor the account balance by navigating to the Online Services page, <https://www.nvsos.gov/sos/online-services>, and logging into the Online Trust Account System located under the Commercial Recordings or UCC sections.

If you have any questions concerning the services explained above, please do not hesitate to contact the Accounting Division at (775) 684-5780.

Sincerely,

Trust Account Management  
Accounting Division



**FRANCISCO V. AGUILAR**  
Secretary of State  
401 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)

## Trust Account Terms and Conditions

USE BLACK INK ONLY - DO NOT HIGHLIGHT

PLEASE PRINT OR TYPE INFORMATION - SIGNATURE REQUIRED

### TERMS & CONDITIONS

In connection with the application for trust account,

Name of Applicant

agrees to the following terms and conditions:

1. Applicant will be assigned a six digit account number by the Secretary of State's, which must be clearly displayed on every request for service.
2. The Secretary of State and/or the State of Nevada assumes no liability for the unauthorized use of applicant's account or account number.
3. All deposits to applicant's account are to be accompanied by a letter of transmittal to the Secretary of State specifically stating the remittance is for applicant's trust account and citing the account number. All trust accounts must maintain a positive balance with a minimum balance of \$100.
4. The Secretary of State reserves the right to terminate applicant's account for failure to comply with any of these terms and conditions. Notice of termination of the account will be made in writing and will state the date of the termination. Any unencumbered balance will be refunded.
5. Applicant may cancel the trust account by written notice of cancellation to the Secretary of State setting forth the requested date of the cancellation and request a refund of any unencumbered account balance.
6. Applicant agrees to hold the Secretary of State and/or the State of Nevada harmless and indemnify the Secretary of State and/or the State of Nevada from any and all liability or damages resulting from applicant's failure to maintain funds in the trust account sufficient to cover requested services.
7. Trust account funds or deposits will not accrue interest on behalf of the applicant.



FRANCISCO V. AGUILAR  
Secretary of State  
401 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)

## Trust Account Application

USE BLACK INK ONLY - DO NOT HIGHLIGHT

PLEASE PRINT OR TYPE INFORMATION - SIGNATURE REQUIRED

### APPLICATION

Account Name

Name of Applicant

Account Mailing  
Address

Address

City

State

Zip Code

Contact Name

Phone Number

Email Address

I hereby authorize the Secretary of State to deposit funds to be held in trust by the State of Nevada. I further authorize the Secretary of State to charge against these funds for fees and documents or services which I request. I understand that trust accounts are non-interest bearing and filings/services are provided on a prepaid basis.

**X**

Signature

Title

Date

### FOR SECRETARY OF STATE USE ONLY

Account Number:

Effective Date:

Reviewed By: