



Judicial Branch of Delaware
Application for Court Account



Select Type _____

EIN Number: _____

Contexte System ID _____

Firm / Company Name: _____

Mailing Address: _____

Telephone Number: _____

Do you have an E-flex Account? ☐ Yes

☐ No

Responsible Party Name: _____

Mailing Address: _____

(If Different from Above) _____

Bar ID / FA Number: _____

Telephone Number: _____

Responsible Party E-mail: _____

Court Use
Only

Court Account Minimum Balance: _____

(Account Minimum Balance Must Be Greater Than One Week's Worth of Transmittal Activity)

*** Please List Authorized Users of the Debit Account:**

Authorize User: _____

Bar ID / FA Number: _____

Authorize User: _____

Bar ID / FA Number: _____

Authorize User: _____

Bar ID / FA Number: _____

Authorize User: _____

Bar ID / FA Number: _____

Authorize User: _____

Bar ID / FA Number: _____

** Firm shall be responsible for internal approval process.*

Submitted By [/S/] : _____

Date: _____

Court Use Only

Account Established By (Initials) _____

Date: _____

Please Fax or Mail Completed Forms To:

Filing & Payment Center
500 North King Street, Suite 1700
Wilmington, Delaware 19801
Phone Number: (302) 255-0470
Fax Number: (302) 255-2230