

# NEW BUSINESS CHECKING ACCOUNT APPLICATION

Type of account applying for:  Regular Business  
 ISB NOW Account

Name  EIN

Name

Address  E-Mail

Address

City  State  Zip

## MAILING ADDRESS IF DIFFERENT THAN ABOVE:

Address

Address

City  State  Zip

Phone

Signers  Signers

Signers  Signers

Signers  Signers

Type of Business:  Sole Proprietorship  
 Partnership  
 Limited Liability Company  
 Corporation for Profit  
 Corporation not for Profit  
 Other

**YOU CANNOT SAVE DATA TYPED INTO THIS FORM. PLEASE PRINT FORM FOR YOUR RECORDS.**

## CREDIT DISCLOSURE AUTHORIZATION

I CERTIFY THAT EVERYTHING I HAVE STATED ON THIS DOCUMENT AND ANY ATTACHMENTS IS CORRECT. IOWA STATE BANK AND TRUST CO. MAY RETAIN THIS DOCUMENT WHETHER OR NOT IT IS APPROVED. BY SIGNING BELOW I /WE AUTHORIZE IOWA STATE BANK AND TRUST CO. TO CHECK MY/OUR CREDIT USING THE CREDIT REPORTING SYSTEM OF THEIR CHOICE.

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Signature

Date

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Signature

Date