

NEW BUSINESS SAVINGS ACCOUNT APPLICATION

Type of account applying for:

- Statement Savings
 HiFi Market Account

Name	<input type="text"/>	EIN	<input type="text"/>
Name	<input type="text"/>		
Address	<input type="text"/>	E-Mail	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>

MAILING ADDRESS IF DIFFERENT THAN ABOVE:

Address	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Phone	<input type="text"/>		
Signers	<input type="text"/>	Signers	<input type="text"/>
Signers	<input type="text"/>	Signers	<input type="text"/>
Signers	<input type="text"/>	Signers	<input type="text"/>

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.

Signature

Date

Signature

Date