



**MATT SCHULTZ**  
*Secretary of State*  
*State of Iowa*

## Charge Account Holder Information Change Form

Account Number:

**Please make any necessary changes below. See instructions on reverse side.**

<b>1. Billing Information</b>		
Name of Business Entity <i>(Required)</i>	Entity's Tax ID Number <i>(Required)</i>	
Street Address or PO Box <i>(Required)</i>	City, State, Zip <i>(Required)</i>	
Billing Contact <i>(Required)</i>	E-mail Address <i>(Required)</i>	
Telephone Number <i>(Required)</i>	Fax Number	
<b>2. Electronic Filing Information (if applicable)</b>		
E-Service Coordinator <i>(Required)</i>	E-mail Address <i>(Required)</i>	
Street Address or PO Box <i>(Required)</i>	City, State, Zip <i>(Required)</i>	
Telephone Number <i>(Required)</i>	**Code Word <i>(Required)</i>	
<b>3. Secure Party Information (if applicable)</b>		
Secure Party Name <i>(Required)</i>	Telephone Number	
Street Address or PO Box <i>(Required)</i>	City, State, Zip <i>(Required)</i>	
<b>4. Signature Required</b>		
I have reviewed and made all necessary changes to my business' charge account information.		
_____	_____	_____
Printed Name <i>(Required)</i>	Signature <i>(Required)</i>	Date <i>(Required)</i>

# Instructions

## 1. Billing Information

Provide the name, tax ID number, and address of the entity. Provide the name and E-mail address of the billing contact as well as the phone and fax numbers for the contact.

## 2. Electronic Filing Information (if applicable)

Provide the name, E-mail address, address, and phone number of the E-service coordinator for the entity.

**\*\* Code Word:** Provide a code word which will only be known to the E-service coordinator and the secretary of state's office. This code word is confidential and is used for identifying the coordinator when he or she calls for assistance with a pin.

## 3. Secured Party Information

If this account is to be used for filing UCC documents, list the name and address as you would like them to appear on the UCC document as the secured or authorizing party.

**Note:** This will enable you (at your discretion) to complete only relevant portions of the UCC form without having to complete the entire form each time you submit a filing.

## 4. Signature Required

The signature of the individual authorizing any change made on behalf of the account holder must confirm authorization by providing their printed name, signature, and date.

### **SECRETARY OF STATE**

Accounting Division  
Lucas Building, 1st Floor  
Des Moines, IA 50319

Phone: (515) 281-5247  
FAX: (515) 281-4682