



PAUL D. PATE
Secretary of State
State of Iowa

Application
for
Charge Account

The business entity named below hereby applies for the establishment of a charge account. The applicant agrees to abide by the terms and conditions pertaining to the use of this account. The applicant agrees to be responsible for all charges made to the account by the business entity. Account credentials will be mailed to E-services coordinator.

☐ Payment of annual fee enclosed. (Make check payable to SECRETARY OF STATE.)

FOR OFFICE USE ONLY:

Date:

Account #:

PIN:

Approved:

Name of Business Entity

Federal Tax EIN (REQUIRED)

Mailing Address

City

State

ZIP

Billing Contact Name

Billing E-mail Address (REQUIRED)

Telephone Number

Fax Number

Nature of Applicant's Business

List the name, phone number and e-mail address of the individual who will act as the E-services coordinator for the applicant.

Name of E-service Coordinator

Telephone Number

E-mail Address required

List a code word which should be known only to the E-services coordinator and our office. This code word is confidential and used for identifying the coordinator when he or she calls for assistance with PIN number.

Code Word: _____

If this account is to be used for filing UCC documents, list the name and address as you would like it to appear on the UCC documents as the secured or authorizing party. **Note:** This will enable you (at your discretion) to fill out relevant portions of the UCC form without having to type it out each time you submit a filing.

Name

Mailing Address

City

State

ZIP

Signature of Individual Authorizing This Agreement on Behalf of the Account Holder

Title

Date Signed

SECRETARY OF STATE
Attn: Accounting
321 E 12th Street
Des Moines, IA 50319

Phone: (515) 281-5875
FAX: (515) 281-4682
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