



James L. Lowrance, Mayor
 Mark Stevens, Interim Administrator
 Diana Steiner, Finance Director
 24 North Center Street
 Marshalltown, IA 50158-4911
 Tel - (641) 754-5760
 Fax - (641) 754-5781

Credit Application and Guarantee

General Information

Legal Business Name:			
Business Address:		City:	
State:	Zip:	Phone:	Fax:
Email:			
Business Type: Select one of the three business types below:			
Sole Proprietor	Partnership		Corporation
Tax ID #:	State of Iowa Sales Tax Permit #:		
Business Start Date	Years doing business in Marshalltown		

Business Principal/Officer

Full Name:			
Business Address:		City:	
State:	Zip:	Phone:	Fax:
Email:			
Drivers License #		State of Issuance (include copy)	

Bank References

Name:			
Address:		City:	
State:	Zip:	Phone:	Fax:
Account #:			

Business References

Name:		Contact:	
Address:		City:	
State:	Zip:	Phone:	Fax:
Account #:			

I, _____ (printed name), am a principal of the above business and give permission to Diana Steiner, Finance Director for the City of Marshalltown, to contact any references on this form. I agree to personally guarantee any amounts due the City of Marshalltown for any license, service, or permits issued to the above business. I understand all invoices are due within 30 days. A service charge of one and one-half percent (1 ½% per month), or eighteen percent (18%) per annum, may be assessed on delinquent invoices but not to at any time exceed the highest legal rate of interest legally allowed.

Principal's Signature:	Date Signed:
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