



133-25 37th Ave., Flushing, NY 11354
 Tel: 1-800-869-8800 Fax: 1-718-961-3919
 Member FINRA/SIPC

Account #: _____

Entity Account Application

Please type or print. All information must be completed in order for your account application to be processed.

Type of Account

Select one account type for your entity.

- | | | |
|--|--|--|
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Trust | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Investment Club | <input type="checkbox"/> Non-Incorporated Organization |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other _____ |

All qualified accounts are opened as margin accounts, allowing you to borrow against the value of certain marginable securities. To decline margin privileges, check the box below. \$2,000 minimum equity is required to establish a margin account.

I decline margin privileges. Open my account as cash only.

Entity Information

U.S. Entity Foreign Entity – Country of Formation:

Title of Entity

Street Address (No P.O. Boxes)

City

State

Zip Code

Mailing Address (if different from Street Address)

City

State

Zip Code

Contact Name/Title

()

Entity Tax ID Number (or SSN if applicable)

()

Daytime Phone Number

Fax Number

E-mail Address

State of Organization

Creation Date

Bank Account Reference

Bank Account Number

Brokerage Account Reference

Brokerage Account Number

Authorized Agent/Trustee/Officer Information

Name		Title in Organization (President, Trustee, Partner, etc.)			
		<input type="checkbox"/> Single	<input type="checkbox"/> Divorced		
		<input type="checkbox"/> Married	<input type="checkbox"/> Widowed		
Social Security Number		Date of Birth (Month/Day/Year)		Marital Status	
Home Address		City	State	Zip Code	Telephone
Employer		Occupation/Position	Years Employed	Type of Business	
Employer's Address		City	State	Zip Code	Telephone
<input type="checkbox"/> Check here if you have granted trading authorization to another party. If so, request Trading Authorization Form and provide name of agent:					
<input type="checkbox"/> Check here if you, or a business associate, are a director, 10% shareholder, or policy-making officer of a publicly traded company. If so, identify the company name, address, and position held:					
<input type="checkbox"/> Check here if you, any member of your immediate family, or a business associate is a Senior Foreign Political Figure. If so, identify the name of the official, office held, relationship to account owner, and country:					

Investment Profile

Regulations require us to ask for the following information in order to properly service your investment needs. All information will be kept strictly confidential.

Investment Objectives (choose all that apply):

Speculation/Trading Growth Income Capital Preservation

Your investment objectives must include Speculation/Trading for option trading.

Estimated Net Worth:	Estimated Liquid Net Worth:	Annual Income (from all sources):	Federal Tax Bracket:
<input type="checkbox"/> \$0 - \$49,999	<input type="checkbox"/> \$0 - \$49,999	<input type="checkbox"/> \$0 - \$24,999	<input type="checkbox"/> Under 15%
<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$25,000 to \$49,999	<input type="checkbox"/> 15% - 25%
<input type="checkbox"/> \$100,000 - \$249,999	<input type="checkbox"/> \$100,000 - \$249,999	<input type="checkbox"/> \$50,000 to \$74,999	<input type="checkbox"/> Over 25%
<input type="checkbox"/> \$250,000 - \$499,999	<input type="checkbox"/> \$250,000 - \$499,999	<input type="checkbox"/> \$75,000 to \$99,999	
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> Over \$100,000	

Would you like your existing brokerage account transferred to Firsttrade?

Yes, transfer my existing brokerage account to Firsttrade. (Forms will be sent to you or download from www.firsttrade.com.) No

CORPORATION ACCOUNT

(Cash Accounts Only – Limited Authority)



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A/C # _____

TO: Firstrade & Penson Financial Services, Inc.

I HEREBY CERTIFY that at a meeting, duly called, of the Board of Directors of _____, a corporation, held the _____ day of _____, 20____ at which said meeting a quorum was present and acting throughout, the following preamble and resolution was adopted and ever since has been and now is in full force and effect:

“WHEREAS this Corporation is duly authorized and permitted by its Charter and By-Laws to deal in stocks, bonds, and other securities:

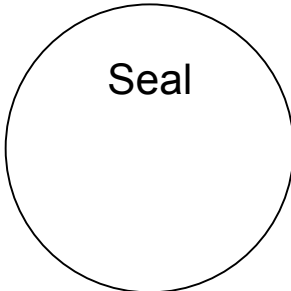
NOW THEREFORE BE IT RESOLVED that this Corporation open an account or accounts in its name with Firstrade Securities through Penson Financial Services, Inc., New York, New York, and that

_____, President
_____, Vice President
_____, Treasurer
or _____, or any one of

them or their successors in office, may, on behalf of this Corporation, (1) give orders in the said account or accounts for the purchase, sale or other disposition of stocks, bonds, and other securities, (2) deliver to and receive from Firstrade Securities and/or Penson Financial Services, Inc. on behalf of this Corporation monies, stocks, bonds, and other securities, (3) sign acknowledgements of the correctness of all statements of accounts and (4) make, execute and deliver under the corporate seal any and all written endorsements and documents necessary or proper to effectuate the authority hereby conferred; the within authorization to each of said officers to remain in full force and effect until written notice of the revocation thereof shall have been received by Firstrade Securities or Penson Financial Services, Inc.”

I FURTHER CERTIFY that the following are the signatures of the officers authorized by the foregoing resolution to act for this Corporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation this _____ day of _____, 20____.



Secretary