



Please Mail, Fax or E-Mail Completed Forms to:

Asset Strategies International

750 Third Ave

Suite 702

New York, NY 10017

Fax: 646-219-1615

E-Mail: support@asipdirect.com

Partnership Account Application Form

| | | | | | |
|---|------------------------------------|--------------------------------|------------------------------------|----------------------------|-----------------------------|
| Official Name of Entity* | | | Tax ID Number* | | |
| | | | | | |
| Registration Address* | | | | | |
| | | | | | |
| City* | | State* | | Zip Code* | |
| | | | | | |
| Country* | | | Business Phone* | | |
| | | | | | |
| Mailing Address* (if different from above) | | | | | |
| | | | | | |
| Fax* | | | E-Mail* | | |
| | | | | | |
| Authorized Agent 1* | | Mr. Mrs. Ms. | | Authorized Agent 2* | |
| | | | | | |
| Title* | | | Title* | | |
| | | | | | |
| Street Address* | | | Street Address* | | |
| | | | | | |
| City* | State* | Postal Code* | City* | State* | Postal Code* |
| | | | | | |
| Country* | Telephone (Day)* | Telephone (Evening)* | Country* | Telephone (Day)* | Telephone (Evening)* |
| | | | | | |
| Social Security Number* | Date of Birth (MM/DD/YYYY)* | Social Security Number* | Date of Birth (MM/DD/YYYY)* | | |
| | | | | | |
| Signature* | | | | | |
| Authorized Agent 1 Signature*: | | | Date*: | | |
| Authorized Agent 1 Full Name (Print)*: | | | | | |
| Authorized Agent 2 Signature*: | | | Date*: | | |
| Authorized Agent 2 Full Name (Print)*: | | | | | |

* Mandatory Field

If you would like to subscribe to ASI's newsletter, please check here:

