



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

Asset Strategies International  
 1325 Avenue of the Americas  
 7th Floor Suite 0703-2  
 New York, NY 10019  
 Fax: 646-219-1615

E-Mail: support@asipdirect.com

**Sole Proprietor Account Application Form**

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

\* Mandatory Field

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