

AUTHORIZATION FORM

To authorize person/company to manage your account, fill in this form, sign it, and fax it back to 4exHouse.

The request will be processed as soon as we receive the request.

I the undersigned _____, authorize
_____ to manage my trading account (no.
_____) with 4exHouse Investment Group and to be responsible on all trading
decisions, withdrawal and depositing funds.

Date:

Customer Name:

Customer Signature:

Authorized Person Name:

Authorized Person Signature:

AUTHORIZED PERSON INFORMATION

First Name:

Last Name:

Street Address:

Apartment/Suite: City:

State/County: Zip:

Telephone (Home): Fax:

ID #:



Your MONEY...Your WAY

Email:

Date of Birth (mm/dd/yyyy):

Citizenship:

Telephone (Business):

FOR SECURITY PURPOSES, 4EXHOUSE VERIFIES SIGNATURE AGAINST THE ONE WE HAVE IN YOUR FILE FOR ALL THE FORMS SUBMITTED BY YOU. FOR THAT, PLEASE SIGN IN THE FOLLOWING BOXES:

THE UNDERSIGNED HEREBY ATTEST(S) AND CERTIFIES THAT THE ABOVE INFORMATION IS COMPLETE AND AUTHORIZES 4EXHOUSE TO DO THE CHANGES REQUESTED IN THIS FORM

CUSTOMER	
<input type="text"/>	<input type="text"/>
(PRINT CUSTOMER NAME)	DATE
<input type="text"/>	
(SIGNATURE)	