

# CHOICETRADE

*The Client Authorization Form shows who you are authorizing our clearing firm, ETC, to receive instruction from in the selected area below. This form must be signed by an Authorized individual.*

Name	Email	Telephone		View Reports			
<i>From new account application</i>	<i>From new account application</i>	<i>From new account application</i>		X			
<i>If there is a joint account holder then complete this row – enter second owner's name here</i>	<i>If joint account, enter email address here [can be same as above]</i>	<i>If joint account, enter phone number here [can be same as above]</i>		X – check this box only if joint account			

***Authorized Individual***

*By:*

*Name:*

*Date:*

**Client Authorization Form**