

OWNER NAME AND INFORMATION
Name/Account Title _____ **Account #** _____

AUTHORIZED TRADER NAME AND INFORMATION
Authorized Trader

Name	Relationship		
Address	City	State	Zip
S.S.#	Date of Birth		
Email	Mailing Address	<input type="checkbox"/> Same as above <input type="checkbox"/> Different (if different fill below)	
<input type="checkbox"/> Check here if you want StockCross to send duplicates of Monthly Statements and transaction confirmations to your Authorized Trader.	P.O. Box		
	City	State	Zip

AUTHORIZED TRADER OPTIONS
 Please check if option trading is intended and fill below. If the account has been approved for option transactions, or has applied for option approval, please complete the following questions regarding the **Authorized Trader's** intent, knowledge and experience:

Write Covered Calls - (Objective: Income, Capital Preservation)			Buying Puts/Calls - (Objective: Speculation, Hedging)		
Years Experience	Trades per Year	Contract Size	Years Experience	Trades per Year	Contract Size
<input type="checkbox"/> 0 - 5yrs	<input type="checkbox"/> 0-25	<input type="checkbox"/> \$0 - \$14,999	<input type="checkbox"/> 0 - 5yrs	<input type="checkbox"/> 0-25	<input type="checkbox"/> \$0 - \$14,999
<input type="checkbox"/> 5-10yrs	<input type="checkbox"/> 26-50	<input type="checkbox"/> \$15,000 - \$29,999	<input type="checkbox"/> 5-10yrs	<input type="checkbox"/> 26-50	<input type="checkbox"/> \$15,000 - \$29,999
<input type="checkbox"/> 10-20yrs	<input type="checkbox"/> 51-100	<input type="checkbox"/> \$30,000 - \$49,999	<input type="checkbox"/> 10-20yrs	<input type="checkbox"/> 51-100	<input type="checkbox"/> \$30,000 - \$49,999
<input type="checkbox"/> 20+yrs	<input type="checkbox"/> 100+	<input type="checkbox"/> \$50,000+	<input type="checkbox"/> 20+yrs	<input type="checkbox"/> 100+	<input type="checkbox"/> \$50,000+
Spreading Puts/Calls - (Objective: Speculation)			Write Uncovered Options - (Objective Speculation)		
Years Experience	Trades per Year	Contract Size	Years Experience	Trades per Year	Contract Size
<input type="checkbox"/> 0 - 5yrs	<input type="checkbox"/> 0-25	<input type="checkbox"/> \$0 - \$14,999	<input type="checkbox"/> 0 - 5yrs	<input type="checkbox"/> 0-25	<input type="checkbox"/> \$0 - \$14,999
<input type="checkbox"/> 5-10yrs	<input type="checkbox"/> 26-50	<input type="checkbox"/> \$15,000 - \$29,999	<input type="checkbox"/> 5-10yrs	<input type="checkbox"/> 26-50	<input type="checkbox"/> \$15,000 - \$29,999
<input type="checkbox"/> 10-20yrs	<input type="checkbox"/> 51-100	<input type="checkbox"/> \$30,000 - \$49,999	<input type="checkbox"/> 10-20yrs	<input type="checkbox"/> 51-100	<input type="checkbox"/> \$30,000 - \$49,999
<input type="checkbox"/> 20+yrs	<input type="checkbox"/> 100+	<input type="checkbox"/> \$50,000+	<input type="checkbox"/> 20+yrs	<input type="checkbox"/> 100+	<input type="checkbox"/> \$50,000+

AUTHORIZED TRADER AFFILIATIONS

 Are you employed by a registered broker-dealer, securities exchange or FINRA? No Yes (Specify) _____
 Are you an officer, director, or 10% shareholder of a publicly traded company? No Yes (Specify) _____

AUTHORIZATION INDEMNIFICATION AND AGREEMENT

AUTHORIZATION AND INDEMNIFICATION: I hereby authorize the individual named above (the Authorized Trader) to act as my agent and attorney-in-fact with regard to securities transactions in my StockCross account, identified above. The authority includes the power to buy, sell and trade stocks and bonds and to engage in any other securities transactions, such as margin and option transactions, for which my account has been approved. In all such purchases, sales, or trades, StockCross is authorized to follow the instructions of my Authorized Trader in every respect concerning my account, and he (she) is authorized to act for me on my behalf in the same manner and with the same force and effect as I might or could do with respect concerning my account, and he (she) is authorized to act for me on my behalf in the same manner and with the same force and effect as I might or could do with respect to such purchases, sales, or trades, and to do all other things necessary or incidental to such purchases, sales or trades. I hereby ratify and confirm any and all transactions with StockCross heretofore and hereafter made by my Authorized Trader for my account. I also agree to indemnify and hold StockCross harmless for any and all losses, and to pay upon demand any debt balance arising from transactions effected by my Authorized Trader in my account. This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which StockCross may have under any other agreement between StockCross and myself. This authorization and indemnity is also a continuing one and shall remain in full force and effect until revoked by a written and signed notice from me to StockCross. Any such revocation shall not affect any liability in any way resulting from transactions initiated prior to such revocation. This authorization and indemnity shall inure to the benefit of StockCross and of any successor firm, and of the assigns of StockCross or any successor firm.

AGREEMENT: The undersigned Authorized Trader agrees to observe and be bound by all agreements between StockCross and the Account Owner(s) as they apply to dealings between StockCross and the undersigned Authorized Trader acting on behalf of the account owner(s), and to observe and be bound by all applicable rules, regulations, requirements, and practices at StockCross, the exchanges where StockCross Transacts its securities business, and all other regulatory bodies.

Authorized Trader Signature	Account Owner(s) Signature(s)
Signature X _____	Signature X _____
Date _____	Date _____
Signature X _____	Signature X _____
Date _____	Date _____