



Confirmation Page

PLEASE COMPLETE AND SEND VIA EMAIL TO
CS@ALPARI-US.COM OR FAX TO +1 646.825.5761.

Alpari (US), LLC
14 Wall St., Suite 5H
New York, NY 10005

+1 646 825 5760 
+1 646 825 5761 
www.alpari-us.com 

ACCOUNT INFORMATION

Account Name: _____

Address: _____ Suite/Apt#: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Telephone #: _____

SSN/Tax ID/Passport #: _____ Email: _____

DO NOT SIGN UNTIL YOU HAVE CAREFULLY READ ALL OF THE FOREGOING COMPLETELY AND COMPLETED THE CUSTOMER APPLICATION TO OPEN AN INDIVIDUAL/CORPORATE TRADING ACCOUNT.

Your signature below acknowledges that you have carefully read, in its entirety, and understood the Forex Customer Agreement, Social Security or Tax ID Certification, Authorization to Transfer Funds, Consent to Electronic Statements, Security Agreement, Risk Disclosure Statement, including the disclosure at paragraph 1(a) "Alpari Acts As A Counterparty," Secondary Risk Disclosure (High Risk Investment), and Terms of Business, and that you agree to all of the provisions contained therein. Your signature below further represents, warrants and certifies that the information provided by you in your account application is accurate and complete.

PRIMARY ACCOUNTHOLDER SIGNATURE

Full Name (*print*): _____

Title (*ex: trustee/authorized signer*): _____

Signature: _____

Date: _____

SECONDARY ACCOUNTHOLDER SIGNATURE (*if applicable*)

Full Name (*print*): _____

Title (*ex: trustee/authorized signer*): _____

Signature: _____

Date: _____