



Employer Trading Authorization

Please complete and send via email to cs@alpari-us.com or fax to +1 646.825.5761.

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New York, NY 10005

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CUSTOMER INFORMATION

Full Name: _____
Address: _____
Employer Name: _____
Employment Title: _____
NFA ID #: _____

I affirm that I have opened a trading account with Alpari (US), LLC (“Alpari”) for purpose of trading personal funds.

Pursuant to CFTC Regulation 155.3, I hereby authorize Alpari to obtain written authorization from my employer to open and maintain a trading account with Alpari. Alpari is further authorized to regularly remit to my employer any statements and order tickets related to my trading account.

EMPLOYER INFORMATION

Firm Name: _____
Firm Contact*: _____
Contact Title: _____
Email: _____
Address: _____

** The contact person listed here should be the person designated with responsibility for surveillance over employee accounts at your current place of employment.*

CUSTOMER'S SIGNATURE

Full Name: _____
Signature: _____
Date (MM/DD/YYYY): _____