



Corporate Account Application

Please Fax All Documentation to:

(646) 619-4521

OR

Scan and E-Mail to: Apply@GallantFX.com



CORPORATE ACCOUNT APPLICATION

(*Items marked with asterisk are mandatory fields)

***Type of Application (Must check one)**

- Corporation Limited Liability Company
- Partnership

Estimated Deposit Amount: _____

***Account Options**

Check Boxes to indicate the following:

- 1. Account Type*
- 2. Then Select Leverage Options if different than 'Default Settings' is desired*

Standard Account: (Default Settings: **Lot Size:** 100,000 **Leverage:** 100:1 – 1%)

AJWc 5 Wti bh (Default Settings: **Lot Size:** 5,000 **Leverage:** 100:1 – 1%)

Leverage Options: 100:1 – 1 %
 200:1 – ½ % (Max account value \$25,000)
 400:1 – ¼ % (**standard acct only**, Max acct. value \$5,000)



Referring Party

Name of Referring Party: _____

***Company Information**

*Name of Corporation/LLC/Partnership: _____

*Jurisdiction of Incorporation (State or Country): _____

*Date of Incorporation/Organization: _____

*Tax ID #: _____

*Years in Business: _____ *Nature of Business: _____

*Corporate Address (Physical): _____

*City: _____

*State/Province: _____ *ZIP: _____

*Business Telephone: (____) _____

Mobile: (____) _____ Fax: (____) _____

*Email Address: _____



***Authorized Traders (Max of two)**

*Name: _____

*Position: _____ *SSN#: _____

*Name: _____

*Position: _____ *SSN#: _____

***Photo ID Type for Primary Authorized Signer (Must check one)**

Driver's License (Preferred in US)
State Issued _____

Passport (Preferred if outside US) _____

***Choose a Security Question**

What is your mother's maiden name? _____

What city were you born in? _____



***Corporate Financial Information**

****Annual Income: (Must check one)***

Less than \$25,000 \$25,000–\$50,000 \$50,000–\$100,000

\$100,000–\$250,000 \$250,000–\$500,000 \$500,000–\$1,000,000

Over \$1,000,000

****Net Worth: Assets minus Liabilities (Must check one)***

Less than \$25,000 \$25,000–\$50,000 \$50,000–\$100,000

\$100,000–\$250,000 \$250,000–\$500,000 \$500,000–\$1,000,000

Over \$1,000,000

*Is the entity a debtor in a pending bankruptcy proceeding? Yes No

***Additional Risk Disclosure**

If corporate annual income or net worth is less than \$25,000, customer acknowledges understanding of additional risk disclosure by checking below:

Yes No



***Corporate Banking Reference**

*Bank Name: _____

*Account holder: _____

*Branch Name: _____

*Account Number: _____

*ABA#: _____ *Swift #: _____

*Bank Address: _____

*City: _____ *State/Province: _____

*Zip: _____ *Country: _____

***Trading Experience**

<u>Type of Investment</u>	<u>Check if no Experience</u>	<u>Number of Years Trading</u>	<u>Firm Name</u>
Securities	—	_____	_____
Futures	—	_____	_____
Currency	—	_____	_____



***Trading Information (All items must be completed)**

1. Does any other person or entity have a financial interest in this account?

Yes No

If yes, please explain: _____

2. Are you employed by a registered Broker/Dealer?

Yes No

If yes, please provide firm name: _____

3. Will any other person or entity control or manage trading in this account?

Yes No

If yes, please provide the name and relationship of the person or entity: _____

To grant trading authority to an individual or entity that is not an account owner, please fill out additional limited power of Attorney paperwork.

***Certification of Organizational Document**

***Entities must provide the following organizational document(s) as follows
(Check applicable choice):***

Corporation

Articles of Incorporation
Corporate Resolution

Limited Liability Company

Articles of Organization
Operating Agreement
Partnership/LLC Resolution

Partnership Company (GP, LP, LLP)

Partnership Agreement
Partnership Certificate (if applicable)
Partnership/LLC Resolution

Other (explain) _____



***Signature**

Client certifies that the organizational document provided to GALLANTFX Inc. with this application and agreement is an accurate and current copy, and Client agrees to provide GALLANTFX Inc. with any amendments which are made in the future as long as the organization maintains an account with GALLANTFX Inc.

Customer represents that all information on the foregoing account application is true and correct, and agrees to notify GALLANTFX Inc. of any material changes in writing. GALLANTFX Inc. reserves the right, but has no duty, to verify the accuracy of information provided, and to contact such bankers, brokers and others as it deems necessary.

By signing below, you are providing 'written instructions' to GALLANTFX Inc. under the Fair Credit Reporting Act authorizing GALLANTFX Inc. to obtain information from your personal credit profile or other information from Experian and other third parties (including other credit reporting entities). You authorize GALLANTFX Inc. to obtain such information solely to confirm your identity and to avoid fraudulent transactions in your name.

AGREED AND AUTHORIZED THIS _____ DAY OF _____, 20____.

Print Name of Entity:

Print Name of Authorized Signer:

Title: _____

Signature: _____ Date _____



New Account Check List:

1. Completed Application
2. Signed Customer Agreement
3. Signed Corporate Resolution
4. Organizational Certification
5. Proof of Business Address
 - Utility Bill, Credit Card, Bank Statement, etc.
6. Photo ID of Authorized Signer

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