For Office Use Only: Acct.#		ep:Name for Filing:			
l Integral	1072 S. De Anza Blvd. Suite A Tel: 408-996-1118 Toll Free		6 Email: info@infi.biz		
Jintegral Financial, LLC	Clearing services provided by		SE/FINRA/SIPC		
Trading Authorization Agreement					
Use this form to establish Trading Authorization.					
1. Trading Authorization Agreement.					
I hereby authorize			, (whose signature		
appears below) as my authorize	d ("Agent") to buy, sell (inclu	ıding short sales) and trade in st	ocks, bonds, put and call		
options and any other securities and/or contracts relating to the same on margin or otherwise in accordance with HTS's					
terms and conditions and risk profile for my account. I hereby agree to indemnify and hold HTS harmless from and to					
pay HTS promptly on demand for any and all losses arising therefrom HTS.					
HTS is authorized to follow the instructions of my Agent in every respect concerning my account with HTS., My Agent is					
authorized to act for me and on my behalf in the same manner and with the same force and effect as I might or could do with respect to purchases, sales or trades.					
with respect to paronases, sales of trades.					
I hereby ratify and confirm any a	nd all transactions with HTS	heretofore or hereafter made b	y my Agent or for my		
account.					
This authorization and indemnity is in addition to (and in no way limits or restricts) any rights which HTS may have under					
any other agreement or agreements between me and HTS.					
This authorization and indemnity	shall remain in full force ar	d effect until revoked by me by	written notice addressed		
This authorization and indemnity shall remain in full force and effect until revoked by me by a written notice addressed to HTS and delivered to 1201 Elm Street, Suite 3500, Dallas, TX 75270. Such revocation shall not affect any liability in					
any way resulting from transactions initiated prior to such revocation. This authorization and indemnity shall insure to the					
benefit of HTS and of any successor firm or firms.					
2. Authorized Agent Signature.					
Authorized Agent Printed Name		Authorized Agent Signature	Date		
<u> </u>		Addition25d Agont Oighatare	Date		
3. Customer Signature.					

Customer Signature

Customer Account Number

Customer Printed Name

Date

AUTHORIZED AGENT INFORMATION

Account Number:				
Agent Name:	Relationship:			
Social Security Numb	er:			
Date of Birth:				
Address:				
	Cell Phone:			
Email Address:				
U. S. Citizen:	Yes	No		
If no, what country?	-	Passport #		
Date of Issuance		Date of Expiration		
	-	Date of Expiration		
EMPLOYMENT INFO				
Position: _				
•		re affiliated with a securiti y		
msurance of trust compa	ny: In yes, piease specin	у		
Are you or the owner of	this account a director, of	fficer, or 10% shareholder	on any publicly	
owned company? If yes,		,		
Investment Experience	Annual Income	Net Worth	Liquid Net Worth (Cash, Securities, etc.)	
(Include Years of Experience) □ Stocks □ Bonds □ Options □ Commodities □ Futures □ Mutual Funds □ Other (List)	(From all Sources) ☐ Under \$25,000 ☐ \$25,000-\$49,999 ☐ \$50,000-\$99,999 ☐ \$100,000-\$249,999 ☐ \$250,000-\$499,999 ☐ \$500,000-\$999,999 ☐ \$1,000,000-\$3,000,000 ☐ Over \$3,000,000	(Exclusive of Residence) ☐ Under \$50,000 ☐ \$50,000-\$99,999 ☐ \$100,000-\$249,999 ☐ \$250,000-\$499,999 ☐ \$500,000-\$999,999 ☐ \$1,000,000-\$3,000,000 ☐ Over \$3,000,000	Under \$50,000 \$50,000-\$99,999 \$100,000-\$249,999 \$250,000-\$499,999 \$500,000-\$999,999 \$1,000,000-\$3,000,000 Over \$3,000,000	

Trading Agent Signature

Date

Trading Agent Printed Name