

REQUEST FOR PRE-PAYMENT AUTHORIZATION

To: Cathy Marshall, Director of Compliance Date: _____

From: _____ RR #: _____
(Rep Name)

Please approve a pre-payment for:

Account Name: _____

Account #: _____

Amount of pre-payment: _____

For the Sale of _____ shares of _____
(Quantity) (Issue)

Trade Date: _____ Settlement Date: _____

Reason for request: _____
(Must be completed)

Yes, the customer has been notified that the account will be charged interest on said amount at a rate of _____% from the date of the pre-payment through the settlement date **and** an additional fee of \$15.

No, the customer will not be charged interest on the said amount, but will be charged a \$15 fee.

Registered Representative's Signature: _____

COMPLIANCE DEPARTMENT ONLY

Approved Not Approved

Authorized Signature: _____

MARGIN DEPARTMENT

Approved Not Approved

Authorized Signature: _____