

**GLENDALE SECURITIES, INC.**15233 Ventura Blvd., Suite 712 | Sherman Oaks, CA 91403  
TF: (866) 803-7900 | P: (818) 907-1505 | F: (818) 907-1506**New Account Approval Form**

Account Number: \_\_\_\_\_

Cash \_\_\_\_\_ Mgn. \_\_\_\_\_ Short \_\_\_\_\_ Optn. \_\_\_\_\_ IRA \_\_\_\_\_ Office Code: \_\_\_\_\_ RR# \_\_\_\_\_ Acct. Open Date: \_\_\_\_\_

Is this account for a Foreign Bank?  YES /  NO. If yes, please list U.S. agent for service of process: \_\_\_\_\_**Name of Primary Account Holder or Title of Account:** \_\_\_\_\_

(Write name exactly as it appears on Social Security Card or Fed ID Registration)

**Name of Secondary Acct. Holder:** \_\_\_\_\_**Primary Account Holder Information:**

SSN, Fed ID, Cedula, NIT#:	Home Telephone:
Residential Address: (No PO Boxes)	
City, State, Zip:	
Mailing Address (if different):	
City, State, Zip:	Drivers License # :
Employer's Name:	Occupation:
Employer's Address	Employer's Telephone:
City, State, Zip:	
Email Address:	Date of Birth:
Associated person of a Broker?	Yes <input type="checkbox"/> / No <input type="checkbox"/> (If Yes, please name):

**Secondary Account Holder Information (If Joint Acct.):**  YES /  NO – Is Secondary Account holder the Spouse of Primary Account Holder?

SSN, Fed ID, Cedula, NIT#:	Home Telephone:
Residential Address: (No PO Boxes)	
City, State, Zip:	
Mailing Address (if different):	
City, State, Zip:	Drivers License # :
Employer's Name:	Occupation:
Employer's Address	Employer's Telephone:
City, State, Zip:	
Email Address:	Date of Birth:
Associated person of a Broker?	Yes <input type="checkbox"/> / No <input type="checkbox"/> (If Yes, please name):

**Citizenship Information:****Primary:**

Are you a U.S. Citizen? Yes <input type="checkbox"/> / No <input type="checkbox"/>
Resident Alien? Yes <input type="checkbox"/> / No <input type="checkbox"/> Country of Birth _____
Non-Resident Alien? Yes <input type="checkbox"/> / No <input type="checkbox"/> Country Residing In: _____

**Secondary:**

Are you a U.S. Citizen? Yes <input type="checkbox"/> / No <input type="checkbox"/>
Resident Alien? Yes <input type="checkbox"/> / No <input type="checkbox"/> Country of Birth _____
Non-Resident Alien? Yes <input type="checkbox"/> / No <input type="checkbox"/> Country Residing In: _____

**Investment Objectives:** (\* If more than one, please rank 1-8)

<input type="checkbox"/> Long term growth with safety (long term capital appreciation with relative safety of principal)	A
<input type="checkbox"/> Short term growth with high risk (Appreciation with acceptance of high risk)	B
<input type="checkbox"/> Speculative (want increase in value of investments – High Risk)	C
<input type="checkbox"/> Income (want to use proceeds of the acct. as a source of income)	H
<input type="checkbox"/> Growth and Income (preserve capital as much as possible)	I
<input type="checkbox"/> Long term growth with greater risk – Aggressive Growth (trade volatile securities that have wide changes in price)	J
<input type="checkbox"/> Balanced (Diversification of asset classes for equal blend of income and long-term growth)	M
<input type="checkbox"/> Capital Appreciation (High Risk, capital growth invested primarily in stocks and options)	N

**Tax Information:**

# Of Dependents:	
Tax Status:	%
Initial Deposit:	\$
Initial Transaction:	

Marital Status: <input type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> D / <input type="checkbox"/> W
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**Signature: Primary** \_\_\_\_\_ **Secondary** \_\_\_\_\_

Cash \_\_\_\_\_ Mgn. \_\_\_\_\_ Short \_\_\_\_\_ Optn. \_\_\_\_\_ IRA \_\_\_\_\_ Office Code: \_\_\_\_\_ RR# \_\_\_\_\_ Acct. Open Date: \_\_\_\_\_

**Client Information:**

How long has account holder known the Broker?
Who were you introduced by?
Is account holder a control person? (Officer, Director or 10% stock owner) <input type="checkbox"/> Yes / <input type="checkbox"/> No
If Yes, Please list the company(s) controlled & position:
Is client an employee of Insurance Co., Bank, Fund, Securities firm or Investment Advisor? <input type="checkbox"/> Yes / <input type="checkbox"/> No

**Net Worth:**

(Excluding Primary Residence)

**Liquid Net Worth:**

**Payment Instructions:**

<input type="checkbox"/>	\$0 - 24,999	<input type="checkbox"/>	\$0 - 25,000	<input type="checkbox"/>	\$0 - 25,000				
<input type="checkbox"/>	\$25,000 - 39,999	<input type="checkbox"/>	\$25,000 - 39,999	<input type="checkbox"/>	\$25,000 - 39,999	A	<b>Securities:</b>	<b>Money</b>	<b>Dividends</b>
<input type="checkbox"/>	\$40,000 - 64,999	<input type="checkbox"/>	\$40,000 - 64,999	<input type="checkbox"/>	\$40,000 - 64,999	B	<input type="checkbox"/> Transfer & Ship (1)	<input type="checkbox"/> Pay (1)	<input type="checkbox"/> Pay Weekly (1)
<input type="checkbox"/>	\$65,000 - 124,999	<input type="checkbox"/>	\$65,000 - 124,999	<input type="checkbox"/>	\$65,000 - 124,999	C	<input type="checkbox"/> Hold St. Name (2)	<input type="checkbox"/> Hold (7)	<input type="checkbox"/> Pay Monthly (1)
<input type="checkbox"/>	\$125,000 - 249,999	<input type="checkbox"/>	\$125,000 - 249,999	<input type="checkbox"/>	\$125,000 - 249,999	D			<input type="checkbox"/> Hold (4)
<input type="checkbox"/>	\$250,000 - \$499,999	<input type="checkbox"/>	\$250,000 - \$499,999	<input type="checkbox"/>	\$250,000 - \$499,999	E			
<input type="checkbox"/>	\$500,000 - \$999,999	<input type="checkbox"/>	\$500,000 - \$999,999	<input type="checkbox"/>	\$500,000 - \$999,999	F	Principal & Maturity: <input type="checkbox"/> Credit to Account <input type="checkbox"/> Send Payment		
<input type="checkbox"/>	\$1,000,000 - Over	<input type="checkbox"/>	\$1,000,000 - Over	<input type="checkbox"/>	\$1,000,000 - Over	G	Process checks: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly		
						H	Money Market Sweeps: <input type="checkbox"/> Yes / <input type="checkbox"/> No - If Yes, List Fund:		

**Investment Experience:**

	Yrs.	Avg. Size	Avg. # P/Yr.
Options:			
Stocks:			
Bonds:			
Commodities:			
Other (specify):			

**Type of Registration:**

<input type="checkbox"/> Individual / <input type="checkbox"/> Joint Community Property / <input type="checkbox"/> Payable on Death (Individual)
<input type="checkbox"/> Joint Tenants In Entirety / <input type="checkbox"/> Joint with Rights of Survivorship (except in LA) / <input type="checkbox"/> Joint Tenants In Common
<input type="checkbox"/> Joint with Rights of Survivorship & Payable on Death (except in LA) / <input type="checkbox"/> Transfer on Death
<input type="checkbox"/> UGMA/ <input type="checkbox"/> UTMA (Provide DOB & SSN for minor): SSN _____ DOB _____
<input type="checkbox"/> Retirement Account - Type: _____ / <input type="checkbox"/> Foreign Non-Resident Alien / <input type="checkbox"/> Resident Alien
<input type="checkbox"/> Other (Circle): Corporate, LLC, Trust, Partnership, Estate, Non-Profit, Sole Proprietorship, Investment Club.

**Credit References:**

Bank:
Branch:
Type of Acct.:
Broker:

**Duplicate Confirmations:**

Please send Duplicate confirms to the following address:

**Authorized Person:**

If a person, other than the primary and/or secondary account holder will be operating this account, list Name, Address, ID# & Employer:
<b>Is this a Discretionary account? Yes No (Circle One)</b>

**Customer and Authorized Person's Signature:**

Primary Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_  
 Secondary Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_  
 Authorized Person (if Applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**Broker Use Only:**

Registered Rep Signature:	
Branch Manager Signature:	
Designated Officer Signature:	

**Daytrading:**

Approved for Day Trading Strategy? <input type="checkbox"/> YES / <input type="checkbox"/> NO
Was Daytrading Risk Disclosure Statement Delivered? <input type="checkbox"/> YES / <input type="checkbox"/> NO
Date Daytrading Disclosure was delivered: