

## **New Account Registration Form**

Participant:				
Address:				
City/State:		Zip Co	ode:	
Tax ID#: Phone:		Fax:		
	Participant's Authorize	ed Representatives		
	Rep #1	Rep #2	Rep #3	
Name:				
Title:				
Signature:				
E-mail:				
Access (Full or Limited):				
Participant's Wire Instructions:				
Bank Name:		ABA:		
Address:		A/C#:		
CSAFE's Wire Instructions:				
Bank Name: US Bank		ABA:	102000021	
Address: P.O. Box 5168, Denver, CO 80217		A/C#: <u>122</u>	A/C#: 122705534339	
For Further Credit: Please alway	's reference your CSAFE acco	ount number.		
AUTHORIZATION: This agreement autitelephoned, oral, electronic or written resuch proceeds to the above-named Praccordance with such requests.	quests are received by CSAFE from	anyone of the Authorized Representative	es names above by transferring	
TERMINATION: This Agreement and the receives written notice of termination. Thin instructions.				
LIMITATION ON LIABILITY: The CSAFE shall have no liability for any transfers of H	<del>_</del>		ian known collectively as CSAFE	
Participant:		Signature:		
CSAFE Representative:		Signature:		
CSAFE A/C Number:(to be comple	ted by CSAFE)	Date:		

Please e-mail the completed form to <a href="mailto:csafe@csafe.org">csafe@csafe.org</a> and allow 24 hours for processing. If you have any questions, please call 800-541-2953.