

Margin-In Request Form

Please fill document and FAX back to +1 (302) 249-5626

backoffice@FIGfx.com



Margin-In Request Form

Please allow between 15 to 30 minutes for processing, depending on market conditions

Date: _____

Account name: _____

Account No.: _____

IB name: _____

Kindly credit my account: _____

Amount in US\$: _____

(In words) U.S. Dollars: _____

Payment Details: By wire Cash Ag. Commissions

If you pay the credit against commission company has the right to deduct the credit amount from the master account's commissions without the client's permission.

Signature: _____

Official Use Only

Signature Verification	Back Office		Accounting	
Notes:				

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