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| **ALLIED TELECOM GROUP, LLC****AGENT REGISTRATION FORM**

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| --- | --- |
| **Company Name:** |  |
| **Please check the box that applies:** |
| Corporation Limited Liability Company Sole Proprietorship Other: (Please Specify)  |
| State of Formation |  (Please Specify the US State for which the entity is registered in. Ex: DC, Maryland, etc.)  |
| Address: |  |
| City: |  | State: |  | Zip Code: |  |
| Telephone #: |  | Fax #: |  |
| FEIN/SSN: |  |
| **Primary Contact Name**: |  | **Tele:**  |  |
| **Title:** |  |
| Email address: |  |
| **Commission Contact Name:** |  | **Tel:** |  |
| Email Address: |  |

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Please submit the following documentation with your application:

* Completed Mutual Non-Disclosure Agreement
* W9 Form