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

Please submit the following documentation with your application:

* Completed Mutual Non-Disclosure Agreement
* W9 Form