



# BEST INVESTMENT GROUP

Global Project Funding

## CLIENT INFORMATION REGISTRATION

Clients must complete all sections of the form in order for the registration and following applications and contracts to be processed. When completed, the registration will become part of our Client Database. Our time is as valuable as yours, so please make sure to provide detailed and exact information.

### CLIENT INFORMATION

Company & Principal Name	
Drivers' License or Passport Number	
Permanent Address	
Primary Phone Number	
Secondary Phone Number	
<b>E-mail Address</b>	
Skype	
Client Bank Name	
Bank Officer Name	

### SERVICE INFO

What Kind of Service Do You Need?	<input type="checkbox"/> POF <input type="checkbox"/> Project Funding <input type="checkbox"/> Leased Instrument <input type="checkbox"/> Private Placement <input type="checkbox"/> Private Currency Exchange <input type="checkbox"/> Buy-Sell Commodity <input type="checkbox"/> Buy-Sell of Bank Instrument
Other Service	
What is the purpose of this service?	
Do you have own funds?	

### COMPANY INFO

Name of Company	
Type of Business	
Do You Have Any Outstanding Judgments, Law Suits, or Tax Liens?	
Place of Incorporation	
Date of Incorporation	
Corporation Reg. #/ Employer ID #	
Principal Structure of Business	<input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual



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**All information submitted will be handled with strict confidentiality**

### ACCURACY OF INFORMATION

I personally represent and warrant, under penalty of perjury, that the information provided is accurate and complete. Further, I warrant that I have the legal authority to sign on behalf of myself and/or my company. I agree to notify the leasing provider if the information, which has been, supplied changes in any manner.

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Authorized Signatory

Title :

Date :

**Note: Please, joint your passport and Business Registration copy**