



CRD Verification / Credit Authorization

I _____, hereby authorize Lombard Securities Incorporated to access my FINRA CRD record through their Firm Gateway system. I additionally authorize Lombard Securities Incorporated to undertake and make any credit or other background verifications that they may deem necessary with respect to their review of my qualifications; and, in connection therewith, I hereby authorize any party so contacted by Lombard Securities Incorporated to release the information requested of them.

I understand that this information is requested for regulatory compliance purposes only, and that such information will be considered confidential by Lombard Securities Incorporated.

By:

Signature _____ *Date* _____

Social Security Number _____

Date of Birth _____

Current Home Address _____

City _____ State _____ Zip _____

CRD # (if known) _____