



## Third Party Web Access Authorization Form

Account Name

Account Number(s)

**I authorize Vision Financial Markets to provide to the person listed below viewing access to my account(s):**

Name

Type of Relationship

E-mail Address

Telephone Number

Please note that the Authorized User listed above will receive a separate login to your account(s) and will be able to view all information posted on your account(s) including your trading activity and account balances.

This authorization shall be effective until revoked by you in writing which must be received by Vision at Four High Ridge Park, Stamford, CT 06905 or by fax to 203.321.0071. You agree to allow Vision five (5) business days to process such revocation.

You agree to release Vision and its affiliates, and their respective officers, directors, managers, members, employees and agents from any loss, cost or liability relating to providing third party access to your account(s). By your signature below, you represent that the delivery and execution of this authorization has been duly authorized.

**Please Sign and Date Below**

**X**

Signature of Authorized Individual

Print Name of Authorized Individual

Date