

I _____ (*Purchaser Name*) authorize **AIM Global Trading LLC** to initiate funds from the checking account indicated below. I also authorize my depository financial institution to honor these transfers.

Please Check One Box (required)

- This authorization is valid for this transaction only.
The transaction amount will be \$ _____ . (*transaction amount required*)
- This authorization is valid for yearly quarterly monthly weekly (*circle one*) transactions, the transaction amount will be \$ _____ . (*transaction amount required*)
- This is an open authorization to allow debits to my account for amounts which will vary per transaction based on the order amount.

I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies this agreement. I certify that I am the authorized account holder for this checking account. I understand this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.

I understand this is a legal binding agreement between **AIM Global Trading LLC** and,

I _____ . (*Purchaser Name*)

I understand that all returned checks are subject to a \$25.00 NSF Fee. This agreement will remain in effect until **AIM Global Trading LLC** receives my written notice of cancellation via mail, fax or email.

Authorized Account holder Signature (required)

Date (required)

Attach Your Check Here (required)

Then Fax To 763-323-1027
OR
Mail To
AIM Global Trading LLC
11209 Commerce Drive North
Champlin, MN 55316