



LESKO SECURITIES, INC.

NEW ACCOUNT ID INFORMATION

ACCOUNT APPLICANT: NAME: _____

DRIVER'S LICENSE INFO: ID NO _____ STATE _____

DOB _____ EXPIRES: _____

ADDRESS: _____

ACCOUNT CO- APPLICANT (if applicable): _____

DRIVER'S LICENSE INFO: ID NO _____ STATE _____

DOB _____ EXPIRES: _____

ADDRESS: _____

REPRESENTATIVE VERIFICATION: I have reviewed the original driver's license provided to me by Account Applicant (and Co-Applicant, if applicable) and certify that the license(s) showed no appearance of tampering or fraud and verify that the above information is as indicated on the license(s):

Date: _____ Rep Signature: _____

ALTERNATE IDENTIFICATION INFORMATION (Required if no Driver's license):

List (1) all info, (2) source of info and (3) rep verification of info:

REPRESENTATIVE VERIFICATION: I have reviewed the above information provided to me by Account Applicant (and Co-Applicant, if applicable) and certify that the documents supplied showed no appearance of tampering or fraud, I verify that the above information has been accurately reproduced from the documents supplied to me and I verify that I undertook any and all steps indicated above to verify the accuracy of the information.

Date: _____ Rep Signature: _____