

American Stock Exchange Service Order Form

Vendor Name _____ Contact Name _____

Date Sent _____ Phone Number _____ Fax Number _____

E-mail _____

Market Data Services

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PLEASE IDENTIFY:

Request For Approval - New Account New Location Name Change Relocation

Vendor Account Number Change Billing Address Change Test units Recovery Site Educational ***
(Circle One)

If a name change, include old name & vendor account # here ⇨ _____

★ **VERY IMPORTANT:** Customer's Existing Amex Account Number ⇨ _____

Customer's Broker Dealer Number * ⇨ _____

CUSTOMER NAME: _____

BILLING INFORMATION (Not required if Amex account # is supplied above)* *:

Contact _____ Phone # _____

Street Address _____ Floor/Suite _____

City _____ State _____ Country _____ Zip Code _____

SERVICE LOCATION (Required):

Vendor Account # _____

Contact _____ Phone # _____

Street Address _____ Floor/Suite _____

City _____ State _____ Country _____ Zip Code _____

Notes:

* If a Member Firm, a Broker Dealer Number must be provided in order for member rates to apply.

** Attach an addendum if there is a third party payor.

*** For Educational accounts, the customer must submit a letter to the Amex explaining how they plan to use the data in order to receive approval for a fee waiver.

Rev. 2/02

D.L./S.P.