



## SUBSCRIPTION AGREEMENT – Broker-Dealers

For OTC Link use only


### Registration of ORF Reporting Service Subscriber

*Please type or print legibly*

Firm Information:

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(e-mail addresses are only used by OTC Link to send important messages about the service and features to our clients)

Please provide the following statistics for your firm:

Estimated daily OTC/OTCBB TRF (formerly, ACT) Transactions:

Estimated daily NASDAQ TRF (formerly, ACT) Transactions:

List any QSR agreements you may have with other firms:

Requested by (Authorized Customer Signature):

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_