



Cunningham  
Commodities LLC

Account Name: _____
Account Number(s): _____

**AUTHORIZED TRADER(S)**

Please list *each person* who is an officer or other employee of your firm that has full power and authority to trade the account(s) on behalf of your business. All authorized person(s) are under no legal disability and are in compliance with all laws, rules and regulations applicable to your business.

Please be aware that we will rely on any written instructions that we receive from any person(s) whom we reasonably believe in good faith to be authorized by your firm to give such instructions. Any changes to this list must be made in writing. **It is your responsibility to ensure that this information is updated appropriately.**

**Please indicate who the primary trader is by designating a "P" next to their name. All Persons must provide a government-issued photo ID.**

Name: _____	Job Title: _____
Email Address: _____	Phone Number: _____
Name: _____	Job Title: _____
Email Address: _____	Phone Number: _____
Name: _____	Job Title: _____
Email Address: _____	Phone Number: _____
Name: _____	Job Title: _____
Email Address: _____	Phone Number: _____
Name: _____	Job Title: _____
Email Address: _____	Phone Number: _____
Name: _____	Job Title: _____
Email Address: _____	Phone Number: _____

By signing below, you represent that the entity is designating the above individuals as authorized person(s) of the firm.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date