



## New Representative Registration Form

Representative Name:

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Firm Name:

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Broker-Dealer (if applicable):

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Address:

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City:

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State, Zip:

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Email Address:

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Phone:

Fax:

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CRD #:

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Representative Signature:

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Date:

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By signing this form, you agree to a background check, including but not limited to, SEC and FINRA.

### RETURN TO CHARIOT ADVISORS, LLC

**By mail:**  
**Chariot Advisors, LLC**  
**1405 Hillsborough St.**  
**Raleigh, NC 27605**

**Fax:**  
**(919) 573-9344**

**Email:**  
**info@chariotadvisorsllc.com**

Questions:  
Toll-free (877) 225-1325  
info@chariotadvisorsllc.com