



Check Before You Invest

Before investing, have the person offering products/services complete this form, sign it, and return it to you. Verify both the person and company are licensed and authorized to sell/offer the specific type of product, by contacting the appropriate licensing agency (see reverse side for agency contact information). Keep the completed form for your records.

Seller/Agent and Company Information (please print clearly)

Seller/Agent Name _____

Company/Business Name _____

Company/Business Address _____

Phone Number(s) _____ E-mail _____

✓ I am offering the following product(s) and/or services (check all that apply)

<input type="checkbox"/> Investment:	<input type="checkbox"/> IRAs	<input type="checkbox"/> Mutual Funds	<input type="checkbox"/> Oil & Gas/Minerals
	<input type="checkbox"/> Private Placements	<input type="checkbox"/> Securities	<input type="checkbox"/> Other _____

<input type="checkbox"/> Financial Planning:	<input type="checkbox"/> Annuities	<input type="checkbox"/> Financial Planning	<input type="checkbox"/> Investment Advice
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<input type="checkbox"/> Insurance:	<input type="checkbox"/> Life	<input type="checkbox"/> Viaticals	<input type="checkbox"/> Wealth Creation
	<input type="checkbox"/> Other _____		

<input type="checkbox"/> Real Estate:	<input type="checkbox"/> Equity Loan	<input type="checkbox"/> Escrow/Title	<input type="checkbox"/> Mortgage
	<input type="checkbox"/> Refinance	<input type="checkbox"/> Mortgage Modification	
	<input type="checkbox"/> Reverse Mortgage <input type="checkbox"/> Investment (specify) _____		

<input type="checkbox"/> Legal Services:	<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Living Trust	<input type="checkbox"/> Wills
	<input type="checkbox"/> Other _____		

<input type="checkbox"/> Accounting:	<input type="checkbox"/> Tax Preparation	<input type="checkbox"/> Other _____	
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<input type="checkbox"/> Contractor Services:	<input type="checkbox"/> Home Repair	<input type="checkbox"/> Remodeling	<input type="checkbox"/> Other _____
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✓ I am currently licensed by

<input type="checkbox"/> CA Department of Business Oversight	License #:	_____
<input type="checkbox"/> CA Department of Insurance	License #:	_____
<input type="checkbox"/> CA Bureau of Real Estate	License #:	_____
<input type="checkbox"/> CA State Bar Association	State Bar #:	_____
<input type="checkbox"/> CA Board of Accountancy	CPA License #:	_____
<input type="checkbox"/> CA Contractors State License Board	License #:	_____
<input type="checkbox"/> Other	License #:	_____

✓ I certify that I am making these representations truthfully in order to do business with you.

Signature: _____ Date: _____