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**SIMPLE ACCOUNT APPLICATION FORM**

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Account Name <input type="text"/>	Remark
Credentials Type <input type="text"/>	
Credentials NO. <input type="text"/>	

Mailing Address <input type="text"/>			
City <input type="text"/>	Phone <input type="text"/>		
State/Province <input type="text"/>	Zip Code <input type="text"/>	Country <input type="text"/>	
Email Address <input type="text"/>			

ID Card

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Printed Name of Customer

\_\_\_\_\_  
Customer Signature