Fortune Financial Services, Inc.
1010 Third Avenue
New Brighton, PA 15066 **Ph: 724-846-2488** **Member: NASD**

ACCOUNT INFORMATION

____
Date Account Opened or Reviewed

TYPE OF ACCOUNT
[ ] Single [ ] Joint [ ] Trust
[ ] Custodial [ ] Other
Is this account for a Minor? [ ] Yes [ ] No

____
Registered Rep. Name Number

CUSTOMER INFORMATION

All information will be treated confidentially; we would appreciate your fullest cooperation in answering all questions.

____ ______________ ______________________________
Client/Trust Name Date of Birth Social Security # / Tax ID #

____ ______________ ______________________________
Joint Owner Date of Birth Social Security# / Tax ID #

____ ___________________________________
Street Address City

____________________ _________________ ________________________________
State Zip Code Phone Number

GENERAL INFORMATION

[ ] Single
[ ] Married Spouse: ___________________________ _____________________ _______________
[ ] Widow(er) 1st Name Social Security # Date of Birth

U. S Citizen [ ] Yes [ ] No If no Please Specify: ____

Employer: ____

Work Address: ____ __________________ ___ _____
Street Address City ST Zip Code

Nature of Business: ____

Position Held: ____ Years Employed: ________________

Spouse's Employer: ____

Work Address: _______________________________________ _________________ ____ ________
Street Address City ST Zip Code

Nature of Business: ____

Position Held: ____ Years Employed: ________________

Is Client or Spouse an officer, director or more than 10% shareholder of any public company? [ ] No [ ] Yes
If Yes, Explain____

Is Client or Spouse directly or indirectly associated with any Brokerage Firm or Bank? [ ] No [ ] Yes
If Yes, Explain____

Is this Account a "Power of Attorney" transaction? [ ] No [ ] Yes
If Yes, Explain____

Bank _________________________________ Checking [ ]Yes [ ] No Savings [ ] Yes [ ] No

How was client introduced to Firm: ____

INVESTMENT OBJECTIVES

Speculation	[ ]	Growth & Income	[ ]	Safety of Principal	[ ]
Growth	[ ]	Income	[ ]	Tax Reduction	[ ]
		Other____________	[ ]		

Estimated Net Worth: $ ____________________ Under $100,000 [ ],
Over $100,000 but under $250,000 [ ], Over $250,000 but under $500,000 [ ],
Over $500,000 but under $1,000,000 [ ] Over $ 1,000,000 [ ]

Estimated Household Income $ ______________ Under $25,000 [ ],
Over $25,000 but under $50,000 [ ], Over $50,000 but under $100,000 [ ],
Over $100,000 but under $200,000 [ ], Over $200,000 but under $500,000 [ ], Over $500,000 [ ].

Tax Bracket _________%

Investment History: (Type of Securities Owned)
[ ] Preferred Stock, [ ] Common Stock, [ ] Mutual Funds, [ ] Options, [ ] Corporate Bonds
[ ] Municipal Bonds, [ ] GNMA/FNMA, [ ] Corporate Trusts, [ ] Mutual Trusts, [ ] Gov't Trust,
[ ] CDs, [ ] Treasuries (Bonds, Notes, Bills), [ ] Commodities/Futures, [ ] Precious Metals,/Coins,
[ ] "Wrap Accounts," [ ] Annuities, [ ] Other ______________________.

Description of initial transaction: ____

USA PATRIOT ACT

Driver's License # ____________________________ Issue State ______________
Identification Card # __________________________ Issue State ______________
Passport # __________________________ Issue Country ____________
Alien Card # __________________________

_______________________________ ___________ _______________________________
Account Executive/ Registered Rep. Signature | Rep # | Approved Principal Signature