## Request for Credentials | Firm SaratogaSHARP®



Firm Name		Firm Contact			
Phone Number	Fax Number	Email			
Firm Address					
City		State	Zip		
Firm CRD#		#of Firm Reps who	are RIAs		
Does your firm have a	Selling Agreement with	n the Saratoga Advant	tage Trust?	Yes	No
Does your firm have a with Saratoga?	Software Licensing Agr	reement Ye	es No		
Firm Managed Money	Contact	Phone Number	Email		
Phone Number	Fax Number	Email			

Phone: (800) 807-Fund (3863) • Fax: 623-266-4566 Please ensure to complete all pages: Page 1 of 2

SECTION III: SARATOGASHARP® CUSTOMIZATIONS
Does your firm allow for discretionary management? Yes No
How does your firm process managed money business?
Check & Application Through NSCC
If your firm processes managed money business via Check & Application, do you require hard-copy originals of account paperwork to be sent to the home-office prior to the establishment of an account?
Yes No
What should we refer to your firm's advisors as (e.g., 'financial advisor' or 'representative,' etc.)?
Advisor Nomenclature
SECTION IV: FEE SCHEDULE
Does your firm have a generic fee schedule? If so, please list that schedule below:
SECTION V: SARATOGASHARP® DATA (FOR USE BY SARATOGA EMPLOYEES)
Firm Name Abbreviated
Firm Approved By Date Approved

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