

6S Alternatives LLC

Business/Group Application

Business Information

Business Name

Business EIN

Primary industry

Type of Business

Sole Proprietorship

Partnership

Corporation

Business Contact Information

Street address

Street address line 2

City

State

Zip code

Business E-mail

Business Phone

Primary Contact Person E-mail

Primary Contact Person Phone

Secondary Contact Person E-mail

Secondary Contact Person Phone

Investment Options

(Please place a check next to the fund(s) you are interested in applying for):

Pro Football (American)

College Football (American)

Pro Basketball

College Basketball

Pro Baseball

Investment Amount

Minimum Investment Amount: \$50,000USD

Maximum Investment Amount: \$500,000USD*

*Maximum can be adjusted at fund manager's discretion

Investment Allocation:

(Please assign a percentage next to each fund option. The total should equal 100% of investment.)

Pro Football American

Pro Basketball

Pro Baseball

College Basketball

College Football

Specific Registration Requests/Details

Signature _____ (Primary Contact)

Title _____

Printed Name _____

Date / /

Secondary Contact Person (if applicable)

Signature _____

Title _____

Printed Name _____

Date / /

Please return a signed digital copy to the e-mail address below.

E-mail: info@6salternatives.com