

BUYER REGISTRATION & CONSENT FORM

Five States Livestock Auction, Inc.....2413

*P. O. Box 266
Clayton, NM 88415*

505-374-2505.....FAX: 505-374-8427

BUYER INFORMATION

(Please check one)

Principal

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Email: _____

Social Security #: _____

Driver's License #: _____

Are you bonded: Yes ___ No ___ Amount \$ _____

Occupation: _____

Estimated Amount of Purchase: \$ _____

Buyer Representative

Buyers Name: _____

Representing: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Email: _____

Social Security #: _____

Driver's License #: _____

Are you bonded: Yes ___ No ___ Amount \$ _____

Occupation: _____

Estimated Amount of Purchase: \$ _____

REFERENCE INFORMATION

Bank Name: _____ Branch Location: _____

City: _____ State: _____ Telephone: _____

Account Officer: _____ Officer's Extension or Direct #: _____

(Funds will be paid from the following account)

Checking Account

Account Number: _____

Loan or Line of Credit Account

Account Number: _____

I hereby authorize this livestock market, through the **LIVESTOCK BOARD OF TRADE**, a division of **LIVESTOCK MARKETING ASSOCIATION**, to contact my bank for, and authorize my bank to release to **LIVESTOCK BOARD OF TRADE**, information concerning my business' financial responsibility and, from time to time, to update that information. A copy or facsimile of this authorization shall be as valid as the original.

Signature: _____