

BUYER REGISTRATION & CONSENT FORM

Platte Valley Livestock Auction.....#3538

815 Morrison Road - Gering, NE 69341

Phone : (308) 436-2192

Fax: (308) 436-5290

BUYER INFORMATION

(Please check one)

Principal

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Fax #: _____

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 #: _____

Fax #: _____

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: _____