

BUYER REGISTRATION & CONSENT FORM

Tri-State Livestock2966

PO Box 166

Sioux Center, IA 51250

712-722-0681.....FAX: 712-722-0687.....Email: www.tristatelivestock.com

BUYER INFORMATION

(Please check one)

Principal

Buyer Representative

Name: _____

Buyers Name: _____

Business Name: _____

Representing: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

Social Security #: _____

Social Security #: _____

Driver's License #: _____

Driver's License #: _____

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

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

Occupation: _____

Occupation: _____

Estimated Amount of Purchase: \$ _____

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 (LBT), a service 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. Although I am aware that electronic transmission of information over a public network is not secure, I nevertheless authorize my bank to provide this information to LBT by mail, email, telephone or fax, as requested by LBT. A copy or facsimile of this authorization shall be as valid as the original.

Signature: _____