

BUYER REGISTRATION & CONSENT FORM

North Arkansas Livestock Auction, Inc. #3201

P.O. Box 321

Green Forest, AR 72638

Phone (870) 438-6915 FAX (870) 438-5223

Date: _____

• BUYER INFORMATION

(Please check one)

<input type="checkbox"/> Principal Name: _____ Business Name: _____ Address: _____ City: _____ State: ___ Zip: _____ Phone: _____ Email: _____ Social Security Number: _____ Driver's License #: _____ State: ___ Are you bonded?: Yes ___ No ___ Amount \$ _____ Occupation: _____ Estimated amount of purchase: \$ _____	<input type="checkbox"/> Buyer Representative Buyers Name: _____ Representing: _____ Address: _____ City: _____ State: ___ Zip: _____ Phone: _____ Email: _____ Social Security Number: _____ Driver's License #: _____ State: ___ Are you bonded?: Yes ___ No ___ Amount \$ _____ Occupation: _____ Estimated amount of purchase: \$ _____
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• REFERENCE INFORMATION

Bank Name: _____	Branch Location: _____	
City: _____	State: _____	Telephone: _____
Account Officer: _____	Officer's Extension or direct # _____	
(Funds will be paid from the following account)		
<input type="checkbox"/> Checking Account	Account Number: _____	
<input type="checkbox"/> Loan or Line of Credit Account	Account Number: _____	

I hereby authorize this livestock market, through the **LIVESTOCK BOARD OF TRADE**, 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. A copy or facsimile of this authorization shall be valid as the original.

Signature: _____

LBT Fax 816-891-7108