

BUYER REGISTRATION & CONSENT AGREEMENT

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE NUMBER(S):		
NAME OF BANK FROM W	VHICH PAYMENT WILL BE ISSUED	
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE NUMBER(S):		
ACCOUNT OFFICER:		
CHECKING ACCOUNT N	IUMBER:	
PURCHASESOF LIVESTOC UNDERSTAND AND AGRE THAT I BUY. ACCOUNTS MI THAT THERE ARE NO IN PARTICULAR PURPOSE O LIVESTOCK AUCTION, IN CONCERNING MY FINAN RELEASE TO THREE CREE	REE THAT THESE TERMS AND COCK AT THREE CREEK LIVESTOCK AUCTE THAT I WILL BE FINANCIALLY RESUST BE PAID AT THE TIME OF PURCHARD IN LIVESTOCK SOLD AT THIS MARKIC. TO CONTACT THE ABOVE NAMICIAL RESPONSIBILITY AND AUTHORS LIVESTOCK AUCTION, INC. ANY DEAT FOR LIVESTOCK PURCHASED.	TION, INC., A MEMBER OF LMA. ISPONSIBLE FOR THE LIVESTOCK ASE. I UNDERSTAND AND AGREE NTABILITY OR FITNESS FOR A ET. I AUTHORIZE THREE CREEK MED BANK FOR INFORMATION ORIZE THE ABOVE BANK(S) TO
SIGNATURE:		DΔTF·