

# BUYER REGISTRATION & CONSENT FORM

**Greencastle Livestock Market, Inc. #2254**

P0 Box 86, 720 Buchanan Trail East

Greencastle, PA 17225-0086

717-597-2171

Fax-717-597-5604

## BUYER INFORMATION

(Please check one)

Principal

Buyer Representative

Name: \_\_\_\_\_

Buyer's 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**, 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: \_\_\_\_\_