

## Buyer Registration & Consent Form

Chamberlain Livestock Auction  
PO Box 422 ~ Chamberlain, SD 57325  
Phone: 605.234.6037 ~ Fax: 605.234.6039

### Buyer Information

Person Responsible for Payment

Buyer Representative

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

Buyer's Name: \_\_\_\_\_

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

Representing: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Are you bonded: Yes \_\_\_ No \_\_\_ Amt \_\_\_\_\_

Are you bonded: Yes \_\_\_ No \_\_\_ Amt \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Estimated Amt of Purchase: \_\_\_\_\_

Estimated Amt of Purchase: \_\_\_\_\_

### Responsible Party Information

Bank Name: \_\_\_\_\_ Branch Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Account Officer: \_\_\_\_\_ Officer's Ext. or Direct #: \_\_\_\_\_

(Funds will be paid from the following account)

\_\_\_\_\_ Checking \_\_\_\_\_ Loan or Line of Credit Accounts

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: \_\_\_\_\_