

# BUYER REGISTRATION & CONSENT FORM

**Sheldon Livestock .....2440**

PO Box 97  
Sheldon, IA 51201

712-324-3144.....FAX: 712-324-5222.....Email: [www.sheldonlivestock.com](http://www.sheldonlivestock.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: \_\_\_\_\_