

AUCTION PARTICATION BROKER FORM

Date: _____

Name of Bidder: _____

Address: _____

Broker Representation: _____

Address: _____

Telephone: _____

Cell Number: _____ E-mail: _____

The undersigned (broker) has acknowledged the Auction Terms and Conditions for the following event schedule for: _____

Broker representing his/her Client shall be paid the following fee _____ at closing.

Broker Registration Form must be received by Auction Services Inc. 48 hours prior to the auction.

Fax Number (251) 644-5075