

# BUYER REGISTRATION



# Clouis Horse Sales

Office: (575)309-6322

SALE LOCATION: 2320 S. ST HWY 385 Levelland, TX 79336

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Drivers License: \_\_\_\_\_

HOW MANY IN YOUR PARTY THIS WEEKEND? \_\_\_\_\_

## PAYMENT INFORMATION

Payment to be made by: \_\_\_\_\_ (US FUNDS ONLY)

\_\_\_\_\_ Cash \_\_\_\_\_ Credit Card +3.50% \* \_\_\_\_\_ Check \*(fill out below)

\*Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

\*Bank City: \_\_\_\_\_ Bank Phone #: \_\_\_\_\_

\*Bank Office Contact Name: \_\_\_\_\_

I HERBY 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 MY MAIL, EMAIL, TELEPHONE OR FAX AS REQUESTED BY LBT. A COPY OR FACSIMILE OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CLOVIS LIVESTOCK, INC. PO BOX 187 CLOVIS, NM 88102-0187 (#2147)

*"The Western way of life, is our way of life."*