BUYER'S BROKER REGISTRATION FORM

Complete form and return to Market Realty,Inc

Email-auctions@marketrealty.com or fax 979-289-2159

Buyer Broker Information (Must Be Completed)

Broker/Agent:

_____

Company Name:

_____

Company Address:

_____

City: _____ State: _____ Zip: _____

License Number: _____ Broker Number: _____ Tax ID: _____

Office Phone: (____) _____ Mobile/Cell (____) _____

Fax: (____) _____ Alternative (____) _____

Broker Signature: _____

Client Information

Client:

_____

Address:

_____

City: _____ State: _____ Zip: _____

Office: (____) _____ Cell (____) _____ Hm: (____) _____

Bidder/Client Signature:_____