

# Broker Registration Form

*Must be received by Tranzon Alderfer prior to Auction*

REMIT TO: Tranzon Alderfer  
2780 Shelly Road  
Harleysville, PA 19438  
(phone) 800-577-8845 (fax) 215-799-0766  
(email) [saralyn@tranzon.com](mailto:saralyn@tranzon.com)

PROPERTY: 4147 Woerner Ave, Levittown, PA 19057  
AUCTION DATE: Online Bidding Closes: July 11, 2018

PROSPECTIVE BUYER NAME: \_\_\_\_\_

PROSPECTIVE BUYER ADDRESS: \_\_\_\_\_

PROSPECTIVE BUYER PHONE #: \_\_\_\_\_

PROSPECTIVE BUYER SIGNATURE: \_\_\_\_\_

**This shall serve as written notice to register the above referenced Prospective Buyer with Tranzon Alderfer with respect to the above referenced property to be sold at Public Auction on the above referenced date.**

It is understood and agreed that the broker commission will be governed in accordance with the Terms and Conditions of Sale as set forth in the Property Information Package. A commission of 2% of the bid price will be paid to the registered broker named herein if:

- The Broker/Agent is the procuring cause for the Prospective Buyer to be introduced to the above property and must accompany their client to the open house;
- This Broker Acknowledgement Form is properly completed and submitted;
- The Prospective Buyer named herein is the highest bidder at the Auction Sale, executes a Contract of Sale, and closes on the sale of the subject property in accordance with the Terms of fore said Contract of Sale.

Agents/Brokers acting as principles or employees, affiliates or immediate family members are not eligible for this commission. In order to be effective, all Broker Acknowledgement Forms must be received by Tranzon Alderfer on or before **24 hours prior to the close of the online auction event**. No Broker Acknowledgement Forms will be accepted after the deadline date.

## ACCEPTED BY:

\_\_\_\_\_  
Broker Signature Date

\_\_\_\_\_  
Agent Signature Date

\_\_\_\_\_  
Broker Name Printed

\_\_\_\_\_  
Agent Name Printed

\_\_\_\_\_  
Real Estate License No.

\_\_\_\_\_  
Real Estate License No.

\_\_\_\_\_  
Broker Address (Street)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Broker Address (City, State)

\_\_\_\_\_  
Broker Phone Number

\_\_\_\_\_  
Broker Fax Number

Received by Tranzon Alderfer by: \_\_\_\_\_  
Signature Date