

Broker/Client Registration Form

Tranzon.com | 877-374-4437

The listed Brokerage Firm and Broker/Associate hereby register their Client listed below as a potential purchaser of the following Tranzon Driggers property:

Property#:					
Address:					
To <u>earn the commission</u>	referenced belo	w, the broker m	ust:		
1) Complete this form with b 2) Return <u>completed</u> form pr			@tranzon.com or	fax to 352-369-9295)	
NOTE: Brokers/Sales Associ	ates acting as princ	cipals are not eligib	ole for this commis	ssion	
By signing below, the registering regard to the terms and condition				gree to the following with	
 The registering Broker will be below Client is the successfuent. The Client must acknowledgent. Only one registering Broker period. If live auction, Broker/Assommust be received by Tranzor. If online auction, completed online auction. The Client shall hold harmle all claims, costs or expense actions or representations metall of the above conditions metall of the above conditions metall of the above conditions metall of the Broker property. Broker/Associate actions of the standard property. Broker/Associate actions and returning the keyritten authorization by Tranzon. 	al bidder who pays for e representation by some Client will be comported to the Comported to the Registration Form in the	r and closes on the prigning this Registration pensated. the auction with the day of auction. Inust be received prices and priggers, agentable attorney's fees, associate in connecting gistering Broker to querepresent their Cliental below requests the their client and be	roperty. on Form. The Client and comport to your client plant for the Seller, and which may arise con with the sale of the pualify for this commist, a potential buyer, as a lockbox code to er responsible for locks.	oleted Registration Form cing their first bid in the the Seller from any and out of any actions or innis property. ssion. and not the Seller. Inter the above described	
Brokerage Firm:			Lic. #	Lic. #	
Broker/Associate:			Lic. #	Lic. #	
Brokerage Address:					
Broker/Associate Email:			Ph:		
Client's Name:			Ph:	Ph:	
Client's Address:			•		
Client's Company Name:			Em:		
Email the comple	eted form to solo	lnow@tranzon.c	om or fax to 35	2-369-9295	
Broker/Associate	Date	Client		Date	
Printed Name		Printed Name	Printed Name		

For office use only:
Email Confirmation Sent on: ___/___/ By: _____