

Broker/Client Registration Form

Tranzon.com | 877-374-4437

To earn the commission referenced below, the broker must do all of the following:

- 1) Complete this form with buyer and broker/agent signatures
- 2) Return completed form prior to the day of the auction (soldnow@tranzon.com or fax to 352-369-9295)
- 3) Attend the auction with your client

NOTE: Brokers/Sales Associates acting as principals are not eligible for this commission

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

Property#: DG1231	· ·	,		
Address: <u>1400 SW Ch</u>	apman Way, F	Palm City, FL 3	4990	
Brokerage Firm:			Lic.#	
Agent Name:			Lic. #	
Brokerage Address:				
Agent Email:			Ph:	
Broker's Client Name:			Ph:	
Client's Address:				
Client's Company Name:			Em:	
By signing below, the registering following with regard to the terms				ge and agree to the
 The registering Broker will be above Client is the successful. The Client must acknowledge Only one registering Broker p If live auction, Broker/Sales A If online auction, completed Reg If online auction, completed online auction The Client shall hold harmles all claims, costs or expenses actions or representations ma All of the above conditions must be above conditions. 	I bidder who pays for representation by ser Client will be come associate must attempt attempt attempt attempt attempt attempt and indemnify Trans, including reasonate by their Broker/Sust be met for the request.	r and closes on the prigning this Registration pensated end the auction with the received by Tranzonust be received prior prigners, agentable attorney's fees, ales Associate in congistering Broker to question in the prior prior that is also attorney's fees, ales Associate in congistering Broker to questions.	the Client on Driggers prior to the or to your client placing t for the Seller, and the which may arise out anection with the sale of	e day of auction g their first bid in the e Seller from any and of any actions or in- of this property
The above Brokerage Firm and E		·	•	
Email the comple	ted form to solo	<u>Inow@tranzon.c</u>	om or fax to 352-3	<u>869-9295</u>
Broker/Associate	Date	Client		Date

Printed Name

For office use only:
Email Confirmation Sent on: ___/____By: ______

Printed Name