

**Buyers' Broker Registration**

RETURN THIS COMPLETED FORM BY EMAIL TO: sold@faheysales.com

Questions: 320.854.3510

Broker/Salesperson: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

As a licensed Real Estate broker/salesperson in Minnesota, I wish to register my client(s):

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

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

Telephone: \_\_\_\_\_

For the upcoming auction of the following property located at:

South of Silver Lake, MN on County Road 2.

**Legal Descriptions (brief):**

Parcel 1: Parts of Government Lots 3, 4, and 5 with exceptions, Section 34, T-117-N, R-28-W. Portions East and North of CR 2. Hale Township.

Parcel 2: Parts of NE ¼ of NW ¼ and East 16 acres of NW ¼ of NW ¼ and of N ½ of SW ¼ of NW ¼, with exceptions, Section 3, T-116-N, R-28-W. Rich Valley Township.

**Bidding is Online Only Ending Wednesday, November 14, 2018 at 7:00 p.m. CT**

I shall execute this form for my client who will register to bid at www.faheysales.com. It is my understanding that one referral fee of \$1,500.00 per parcel will be paid to the above listed real estate agency should my client be the successful bidder, pay for and close on the property. I have registered my client prior to my client registering and bidding. No oral registration will be accepted.

I am representing my client, the buyer, and not the seller. Further I shall hold harmless and indemnify Fahey Sales Auctioneers & Appraisers and Edina Realty and the seller from any and all claims, costs or expenses, which may arise by any actions, inactions, or representations made by me in connection with the sale of this property.

A prospective bidder who has previously been in contact with Fahey Sales Auctioneers & Appraisers or the listing agent(s) or the seller or has attended a previous showing of the property will not be eligible as a client for any broker or salesperson.

**In addition to my signature below, please find the signature of my client indicating that they have seen and agreed to the above.**

BROKER/SALESPERSON: \_\_\_\_\_

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

CLIENT(S): \_\_\_\_\_

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