

BUYER APPLICATION

Please complete entire form and mail to:

192 Cimarron Park Loop, Suite A

Buda, TX 78610

Phone: 512.458.6133 • Fax: 512.453.5919

Sale: _____ Date: _____

Anticipated Purchase Amount \$ _____

Purchases will be in the name of: _____

To be paid by: Cash Cashier's Check

Personal Check Other: _____

Social Security # (if cash or cashier's check): _____

DOB: _____

Driver License # _____ State: _____

Occupation: _____

Person responsible for payment: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home () _____ - _____

Bus. () _____ - _____

Cell () _____ - _____

Fax () _____ - _____

Email: _____

Signature: _____

Individual's signature on this buyer application form is an acknowledgment of his/her full and complete understanding of all terms and conditions of this sale as stated in the sale catalogue and his/her agreement to be bound thereby.