



**AUCTIONEERS** *The Professionals... Since 1975*



### BROKER REGISTRATION

**PROPERTY:** \_\_\_\_\_

Broker participation is welcomed by Liska & Associates, Inc. You must be a licensed Oregon Real Estate broker or agent, and you must complete the Broker Registration Application below.

A 1.5% referral fee will be paid to the licensed real estate broker whose prospect pays and closes on the property. To qualify for a referral fee, the real estate broker must: (a) be a licensed Oregon real estate broker who will abide by the National Association of Realtors Code of Ethics, (b) first register the prospect by completing this form and returning it to Liska & Associates, Inc., 325 NE 7th St., Grants Pass, OR 97526, 48 hours before sale date, and the registration form must be (1) signed by the prospect and (2) be received before any inspection of the property by the prospect; (c) inspect the property with the prospect.. (d) attend and place a bid with their prospect at the of auction. No broker will be recognized on a prospect who has previously contacted or been contacted by the Sellers or their representatives. Liska & Associates, Inc. will only pay referral fees upon closing and receipt of commissions. No referral fees will be paid if the agent or a member of his immediate family is participating in the purchase of the property and an affidavit will be required that the agent is serving only as broker and not as a principal.

**NO EXCEPTIONS TO THE ABOVE REGISTRATION PROCEDURE WILL BE MADE.**

**BROKER'S LAST NAME, FIRST:** \_\_\_\_\_

**COMPANY'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** (\_\_\_\_) \_\_\_\_\_ **FAX:** (\_\_\_\_) : \_\_\_\_\_

**BROKER'S LICENSE NUMBER** \_\_\_\_\_

I have read and agree to the above terms and conditions regarding the Broker Registration and would like to be a Registered Broker. I understand that this application and my registration pertain only to the sale of the above named property.

**BROKER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**AGENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PROSPECTIVE BUYER'S NAME, SIGNITURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

This form must be received by Liska & Associates, Inc. (48 HOURS PRIOR TO AUCTION DATE.)  
Fax to: 541-471-6076 or E-mail to: wliska@uci.net



**LISKA & ASSOC., INC.**  
GRANTS PASS, OR 97526



**541-471-0916 1-800-866-8567 Fax 541-471-6076**  
*www.liska-auctioneers.com*

