



**AUCTION BROKER PARTICIPATION FORM**

**Date:** \_\_\_\_\_

**Name of Bidder:**

\_\_\_\_\_

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

\_\_\_\_\_

**Broker Representation:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_ **e-mail address:** \_\_\_\_\_

**The undersigned (“Broker”) has acknowledged the Auction Terms and Conditions for the following event scheduled for:**

\_\_\_\_\_

**Broker representing his/her Client shall be paid the following fee: 2% at closing.  
Marine Auction Exchange must receive broker Registration, 48 hours prior to the auction.**

***Fax Number: 630-477-0324 • Phone : 800-530-4561***

**[www.marineauctionexchange.com](http://www.marineauctionexchange.com)**

**Marine Auction Exchange LLC.**

**13155 Grant Road**

**Lemont Illinois, 60439**