

REAL ESTATE BROKER PARTICIPATION FORM FOR BUYER REGISTRATION

A TWO PERCENT (2%) COMMISSION CALCULATED ON THE BID PRICE WILL BE PAID TO A QUALIFY FOR A COMMISSION THE BROKER ("BROKER") WHOSE PROPERLY REGISTERED BUYER'S OFFER IS ACCEPTED BY THE SELLER AND WHO CLOSES IN FULL ON THE PROPERTY LISTED BELOW. TO QUALIFY FOR A COMMISSION THE BROKER MUST FIRST REGISTER THEIR PROSPECT BY COMPLETING THE FORM BELOW AND FILING THE FORM IN WEEKS AUCTION GROUP, INC'S ("WAG") CORPORATE OFFICE LOCATED AT 2186 SYLVESTER HWY, SUITE 1, MOULTRIE, GA 31768 PRIOR TO 5:00 PM ET THE DAY BEFORE THE AUCTION. BROKERS MAY DELIVER THE COMPLETED FORM IN PERSON, VIA FACSIMILE OR VIA EMAIL TO SHELLE@BIDWEEKS.COM. BROKERS MUST REGISTER THEIR CLIENT PRIOR TO THEIR CLIENT PLACING THE FIRST BID. NO LATE REGISTRATIONS WILL BE ACCEPTED. PLEASE NOTE COMMISSIONS WILL ONLY BE PAID AFTER THE BUYER FULLY CLOSES ON THEIR PURCHASE. COMMISSIONS WILL ONLY BE PAID TO THE FIRST BROKER REGISTERING A PROSPECT. BROKERS NOT MEETING ALL REQUIREMENT WILL NOT BE PAID. BROKERS PROHIBITED BY LAW FROM RECEIVING SUCH A COMMISSION WILL NOT BE PAID. IN THE EVENT THAT THE LISTING BROKER'S COMMISSION IS REDUCED, THE COMMISSION OF THE SELLING BROKER WILL ALSO BE REDUCED BY THE SAME PERCENTAGE OF REDUCTION AS THAT OF THE LISTING BROKER'S COMMISSION. THE LISTING BROKER ALTHORY TO NEGOTIATE THE COMMISSION RATE OBTAINED FROM THE SELLER. NO ORAL REGISTRATIONS WILL BE ACCEPTED. UNDER NO CIRCUMSTANCE WILL COMMISSION BE PAID IF THE SALE DOES NOT CLOSE FOR ANY REASON INCLUDING SELLER INABILITY TO CLOSE OR SELLER DEFAULT. IF YOU HAVE QUESTIONS OR TO CONFIRM REGISTRATION, PLEASE CONTACT WEEKS AUCTION GROUP AT (229) 890-2437.

| PROPERTY ADDRESS: 116 Campbell Street, Thomasville, GA 31792 (Tax Parcel: 004 015019) | | |
|---|----------------|-----------|
| BUYER INFORMATION (Please Type or Print Clearly) | | |
| Name: | Company: | |
| Address: | | |
| City: | State: | Zip: |
| Day Phone: | Evening Phone: | |
| Cell Phone: | Fax: | |
| Email: | | |
| Buyer's Signature: | Date: | |
| REAL ESTATE BROKER INFORMATION (Please Type or Print Clearly) | | |
| Name: | Company: | |
| Address: | | |
| City: | State: | Zip: |
| Day Phone: | Evening Phone: | |
| Cell Phone: | Fax: | |
| Email: | | |
| Real Estate Broker License #: | State: | Tax ID #: |
| By signing below, the licensed real estate broker acknowledges that it represents the buyer, not the seller, in the above reference auction and agrees to indemnify and hold harmless the seller and Weeks Auction Group, Inc from any claims, cost, or expenses, including attorney's fees, arising out of acts performed or representations mad by them in connection with the participation during the auction or the purchase of the property referenced above. This form must be completed, signed, and dated by all parties prior to buyer placing their first bid to be considered complete and enforceable. | | |
| Broker's Signature: | | Date: |
| WEEKS AUCTION GROUP, INC ACKNOWLEDGEMENT (Please Type or Print Clearly) | | |
| Date Received: | Time: | |
| Weeks Auction Group Signature: | | |