



## BUYER REGISTRATION FORM

**Name:** \_\_\_\_\_ **NRHA #:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Driver's Lic. No.:** \_\_\_\_\_ **State:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**City/State/Country:** \_\_\_\_\_

**Method of Payment:**

\_\_\_\_\_ **Check** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Card** \_\_\_\_\_ **Other**

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

**Copy of current Driver's License and/or Passport MUST be included.**

Please email to: [sales@nrha.com](mailto:sales@nrha.com)