

**AUCTIONWARE, LLC/TRIANGLE SALES  
RADIOGRAPH REPOSITORY VETERINARIAN REGISTRATION FORM**

For All Veterinarians Requesting a User ID and Password  
Asteris Keystone Community Radiograph Repository

**41<sup>st</sup> Triangle Fall Sale**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

License Number and State \_\_\_\_\_

Organization \_\_\_\_\_

Email \_\_\_\_\_

Organization Website \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (mobile) \_\_\_\_\_ Phone Number (office) \_\_\_\_\_

I have read, understand and agree to the Radiograph Repository Terms.

I understand that User Name and Password are non-transferrable and will expire at the conclusion of each sale.

I understand that all radiographs contained in the Radiograph Repository are confidential and that printed or electronic distribution is prohibited.

Any violation of the Terms and Rules of Use will result in the revocation of viewing privileges.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Complete, Sign and Return To:  
Rexann Morrison – Triangle Sales Repository Agent  
(817) 694-1711  
thexraylady@gmail.com