

ABSENTEE BID FORM

15 Cross Street P.O. Box 69, Falconer, NY 14733-0069 Telephone 716/665-6614 • Fax 716/665-6617

IMPORTANT!: Before submitting this form, please read the entire form!

Name:	Company Name:	
Address:		
City:	State:	Zip Code:
Home Phone:	Day Phone:	
Fax:	email:	
Credit Card Info		
Lot Number:	cceed the amount specified by me: Description:	Bid Amount:
a) Each bid is per lot num b) All bids are made subje c) I understand that if I am sum of my last bid, plus d) If there is more than or the bidding with the se increment. The lower bi e) The Auctioneer will ope absentee bid, if a live bi f) Auctioneer is not respo g) No bid will be executed h) For Dealers: I hereby ce	ber and/or item as described in the advertising ect to general terms and conditions of the auction a successful bidder, the purchase price will be the 10% Buyers Premium and any applicable the absentee Bid on any item, the auctioneer will econd highest bid and advance the bidding by e	ion. the taxes. Il open one of the alf. and submitted. s for resale
Signature:	Date:	,2001

FAX THIS COMPLETED FORM TO 716/665-6617