

## ABSENTEE/TELEPHONE BIDDING FORM

AUCTION TITLE	AUCTION DATE		CUSTOMER CODE
TITLE	FIRST NAME	LAST NAME	
COMPANY NAME	RESALE NUMBER		
STREET			
CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY
DAYTIME PHONE	MOBILE N	UMBER	FAX
E-MAIL			
TELEPHONE NUMBER	DURING THE SALE (TELEPHO	NE BIDS ONLY)	
PAYMENT OPTION	□CREDIT CARD	□WIRE TRANSFER	□CHECK/MONEYORDER
CREDIT CARD TYPE	NAME		EXP DATE
CREDIT CARD NUMBE	R		CCV
BILLING ADDRESS (IF	DIFFERENT) STREET		
CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY
	24 hours before the auction. We requ		MAXIMUM USD BID PRICE
			MAYIMI IM LISD RID PRICE
LOT NUMBER	LOT DESCRIF	TION	(EXCLUDING PREMIUM AND TAX)
			y us within 7 days following the sale. Buyer needs to urchase is for resale or shipped out of state.
Above is the maximum USD bic premium will be added to the p		n Gallery will execute the bids or	n behalf of buyer. The buyer is aware that 20%
	**I have read and agree	d to the terms and conditions of	sale.
Signature	Print Na	ame	Date