BID REGISTRATION FORM*

SALE DATE_____ BIDDER NO_____

NAME_____BUSINESS NAME_____

ADDRESS_____

CITY_____STATE _____

ZIP CODE_____E-MAIL _____

PHONE (H)_____PHONE (W)_____FAX_____

RESALE/TAX IDENTIFICATION_____STATE _____

A buyer's premium will be added to the successful bid price and is payable by the buyer as part of the total purchase price. The Buyer's Premium shall be 18% of the hammer price of each lot. All lots must be paid for and removed within 10 days.

LOT NO	DESCRIPTION	MAXIMUM BID

*Absentee or telephone bids can be placed by filling out this form and submitting it to our Bid Department via fax to **561-585-9937.**

BANK REFERENCE

BANK NAME_____ACCOUNT NO_____

CONTACT NAME_____TELEPHONE_____

I herby confirm that I have read and I am bound by the "Terms of Sale" presented by the auction house and which govern all auction purchases made by me. Although every attempt is made to execute your bid(s). The auctioneer is not responsible for errors and omissions.

SIGNED_____

(Signature required to execute your bids)