



FAX 306-922-6171

ABSENTEE BID FORM

BIDDER # _____

Bid form must be faxed by 8 p.m. CST prior to the auction. Minimum absentee bid \$500.

I would like to leave the following bids at _____ auction .

DATE: _____ . Located at _____ .

ITEMS

- 1. _____ Maximum bid \$ _____ .
- 2. _____ Maximum bid \$ _____ .
- 3. _____ Maximum bid \$ _____ .

I have inspected and/or tested the above item(s) and accept their condition. I understand that if I am the successful bidder, I acknowledge my indebtedness for the amount of sale plus applicable taxes. I realize I am purchasing as is, where is, with no warranties or guarantees. I accept responsibility for any missing parts. I will not retract or withdraw my bid. I guarantee payment immediately following the auction.

Bank Phone Number & Address: _____

Bank Contact Name: _____ Phone# _____

Bidder Name: (print) _____ Phone# _____

Signature: _____