

## Post-Auction Purchasing Form

First Name:	Last Name:	Last Name:Auction Date:	
Company Name:			
Address:			
City:	State/Province:	Postal Code:	Country:
Main Phone:	Cell Phone:		Fax:
E-Mail:			
Payment Method: (	Credit Card Wire Transfer	Check/Money Order	) Cash
Credit Card Type:	Credit Card #:		
Name on Card:	F	Expiration Date:	CVV:
Billing Address (If Dif	ferent):		
	lace your offer(s) as early as possible, as in accepted, you will have 10 business days to		s), the earliest offer received will take preceder
LOT NUMBER	LOT DESCRIPTION		OFFER PRICE (EXCLUDING PREMIUM & TAX)
			USD
Buyers are responsible for shipped out of state. E		es Tax is added unless the p	usiness days after an offer has been accepted. burchased with valid California reseller permit conditions of sale above*****
Signature:	Signature: Date:		