

PLEASE PRINT or TYPE

AUCTION CONTRACT

AUCTION REGISTRATION # _____

Date: _____

By registering, I agree to the Terms and Conditions of this Auction. I understand court action In Brevard County will be taken should any violation occur.

Returned Check Policy: I will reimburse Auctioneer three (3) times the amount of any returned check and am liable for all collection, legal fees, court costs and Interest Incurred.

Bidder's Name: _____

Driver License Number: _____

Company Name (if any): _____

Physical Address (No PO Boxes): _____

Mailing Address (If different from above): _____

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE NUMBERS:

Area Code _____ Number (Home) _____

Area Code _____ Number (Office) _____

Area Code _____ Number (Cell) _____

COMPLETE PAYMENT DUE TODAY, (unless otherwise noted) in:

Certified Check, Personal or Company Check with letter from bank verifying funds. U.S. Wire Transfer will incur a \$20.00 charge/International \$35.00 charge

Bank Name _____

Address _____

Account # _____

Phone _____

Contact Name _____

How did you hear about this Auction? _____

Bidders' Signature _____