

BIDDER # _____

ID VERIFIED _____

AUCTION REGISTRATION FORM

PLEASE PRINT CLEARLY & COMPLETE ALL OF THE FOLLOWING INFORMATION & PRESENT WITH A VALID DRIVERS LICENCE.

BUYER NAME: _____ E-MAIL _____

COMPANY NAME: _____ SALES TAX # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ FAX _____

DRIVER'S LICENCE _____ STATE _____ DOB _____ EXP DATE _____

****HOW DID YOU HEAR ABOUT THIS AUCTION?**

NEWSPAPER _____ MAILER _____ INTERNET _____ OTHER _____

(Please explain)

MEHOD OF PAYMENT

_____ CASH _____ CHECK (with Bank Letter Guarantee)

_____ CREDIT CARD _____ WIRE TRANSFER

BIDDERS CONTRACT

I, the undersigned, have read the statements of the Terms & Conditions of Auction that were provided to me and understand that my signature acknowledges agreement with all of the statements.

SIGNED:

DATE _____

United-Strategic Client Services, LLC
Mike Jones AUCTIONEER Texas # 6756
200 Three Lincoln Centre, 5430 LBJ FWY, Suite 270 Dallas, TX 75240 (214)906-5265
www.United-SCS.com