

PADDLE NO.

Please complete this form in exchange for a BIDDING NUMBER prior to auction.

Proof of ID is required

Contact Name:	
Company Name:	
Address: 1	
Address: 1	
Address: 1	
Town	
County:	
Postcode:	
Country:	
Telephone No:	
Fax No:	
Mobile No:	
Email Address:	

1. I fully understand and agree to the Terms and Conditions as displayed and or printed in this catalogue and or as announced by the auctioneer.
2. I understand that the goods are sold in an "as is" condition and confirm that I will satisfy myself as to the condition of same prior to bidding.
3. I accept payment is due immediately following the fall of the hammer and confirm I have sufficient funds and authority to make a purchase.
4. Section 6 Health & Safety at Work Act 1974 (as amended). I confirm that the Vendor or his Agents have drawn my attention to the above legislation. I agree to relieve the Vendor, Auctioneers or Agents of their duties under the above legislation and to indemnify them against any cost, damage, legal or other expenses in respect of any claim arising out of such legislation.

Name (Print in Block Capitals)

Signature:

Date: 20 /

ID Type: *If Passport, provide No:	Verified by:
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