

Auction Date _____

Buyer # _____

ABSENTEE BID FORM

Aardvark Antiques LLC dba
Four Seasons Auction Gallery
554 W Main St. Buford, GA 30518 ~ 470-589-1653

Lot #	Description	\$ Each	\$ Total	Y	N

PLEASE PRINT LEGIBLY

Name: _____ Company: _____

E-Mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Credit Card #: _____ Exp: _____

(Required to execute your bid, including purchases to be paid by check or cash)

Circle one: MC Visa AMEX Discover CVC: _____
(three digit number on the back of your card)

*****All information must be completed to execute your bid. Four Seasons will charge your credit card for your purchases (bid amount + 15% buyer's premium) + 7% sales tax (if applicable) within 48 hours of the close of the auction.**

I understand that if my bid is successful, the final purchase price will be the sum of the final bid plus buyer's premium together with any taxes due on the purchase. *Four Seasons Auction Gallery* is hereby authorized to bid on the above lots up to the maximum price stated, and executes bids as a convenience for clients, and assumes no responsibility for failure to execute these bids or for errors relating to their execution for any reason whatsoever. All bids will be treated as offers made under the conditions of the *Four Seasons Buyer's Agreement*.

Buyer's Signature _____ Date: _____

*****OFFICE USE ONLY: Bid Received By: _____ Contacted: _____ Initial: _____**