

AUGUSTA AUCTION COMPANY PHONE BID REQUEST FORM

- *A limited number of phone lines will be available.*
- *Phone lines are assigned in order of receipt of this form.*
- *You will be called just before your requested lots are offered.*
- **PHONE BIDDERS AGREE TO OPEN ANY PHONE BID LOT AT \$400 USD.**

LOT#	TITLE

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Phone bids will be executed by Augusta Auction Company under the following terms and conditions:

1. All winning bids are subject to a **20% buyer's premium**.
2. All phone bids must be secured by a valid credit card. Your credit card account will not be charged unless you are the successful bidder and no alternative payment method has been prearranged with the auction house.
3. A \$15 packing & handling charge per lot plus the actual cost of shipping/insurance will be charged to your account. Shipping will be via UPS, FedEx or USPS to the address listed below unless other arrangements have been made. We will not ship oversized carpets & textiles. Successful bidders must arrange for their own shipping. Non-carpet purchases will be shipped promptly. Please allow up to 30 days for delivery.
4. All lots are sold "AS IS" on behalf of the consignors. **No lots may be returned for full or partial payment.**
5. Completion of this form does not guaranty availability of a phone line for all lots that you request. Our staff may contact you after we receive your completed form to confirm phone availability for lots requested.
6. By signing below, you agree that you are satisfied with the condition, age and authenticity of any lot(s) that you plan to bid on. You agree to have already previewed the lots or you waive the opportunity for examination.
7. In the event that your bid is successful, you authorize your invoice to be charged to the credit card below.

ALL information below must be filled in clearly in order to request a phone line.

Signature: _____ Date: _____

Name: _____ email: _____

Shipping Address: _____

City/State _____

Country/Postal Code _____

Phone # during Sale _____ Alt. # _____

Credit Card: Circle one MasterCard Visa Amex Discover

Card Number _____ Expiration Date _____ CVV# _____

FAX this form to **646-478-9800** – Form must be received before Tuesday at midnight (12PM EST).