

## **ABSENTEE BID FORM**

Please complete form and return or fax to (209) 366-1113.

DATE OF AUCTION:		BIDDER #:		
BIDDER NAME:		DRIVER LICENSE #:		
COMPANY I	NAME:			
ADDRESS:		_ CITY:	ZIP:	
TELEPHONE #:		_ FAX #:		
NAME OF B	ANK:			
			ı	
LOT #	T # DESCRIPTION OF LOT			BID AMOUNT
METHOD C	OF PAYMENT:			
☐ Credit Card ☐ Certified Check ☐ Visa/MasterCard		☐ Wire Transfer	☐ Company Check* (*Need Bank Letter of Guarantee)	
My signatur highest bid	re below guarantees purchase of th	ne lot(s) indicated a	bove should I	be awarded the
Signature:		Date:		