

**Absentee Bidding Registration**

I hereby request Colville Auctions without legal obligation of any kind on their part or on the part of any employee or agent to bid on my behalf for the undermentioned lots up to the hammer price stated. I confirm that I acknowledge that the bids are made in accordance with the Conditions of Sale (as amended by any announcement made by Colville Auctions at any time prior to the fall of the hammer) and I agree to be bound by all such terms and conditions.

All bids must be received at least 24 hrs before the sale or by alternative published deadline.  
 A buyer's premium of 20% of the bid price plus GST is payable on each successful bid.  
 Lots in the catalogue marked + are also subject to GST on the hammer price.

An absentee bid is the maximum hammer price that the auctioneer acting as your representative can bid up to on your behalf. The auctioneer will purchase the work on your behalf for the lowest bid amount possible

Where we receive more than one bid of the same value the one received first will take precedence. The bidder may elect one further bid increment, by donating +1 in the maximum bid amount.

Bids placed by telephone will be accepted at your risk and must be confirmed in email or text. Please Note Colville Auctions assumes no responsibility if it fails to execute such bid or bids or does so negligently.

**Credit Card Details**

We will debit all charges due on any purchase plus 2% (and GST) 7 days after the sale if you have not settled your account by an alternative method. By signing below, you are authorizing this payment to be taken by us.

**Please Print**

Mr/Mrs/Miss/Ms/Title      Full Name or Company Name

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Address

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Postcode

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Preferred Phone      Alternate Phone

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Email address

---

Signed      Date      /      /

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ID Provided       Previously Registered

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Lot No	Title or Description of Lot	Bid Price (\$)

Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Bankcard <input type="checkbox"/> Eftpos <input type="checkbox"/>
Cardholder Name
Card Number
Expiry      __ / __      CVV
Billing Address <i>(if different from below)</i>
Cardholder signature <i>(if different from below)</i>
If successful, please debit my card immediately <input type="checkbox"/> or,
Please email invoice for payment back transfer <input type="checkbox"/>