



BIDDER AGREEMENT

4400 Salida Blvd., Salida, CA 95368 / p 209.545.7000

www.capitalauctions.com

PERSONAL INFORMATION *Please print or type* New Bidder Previous Bidder

FIRST NAME MI LAST NAME

HOME ADDRESS CITY COUNTY STATE ZIP

MAILING ADDRESS(IF DIFFERENT FROM ABOVE ADDRESS) CITY COUNTY STATE ZIP

HOME PHONE # HOME FAX# CELL PHONE#

SOCIAL SECURITY # DRIVERS LICENSE STATE ISSUED BIRTH DATE

EMAIL ADDRESS

DEALER INFORMATION

DEALER NAME YOUR TITLE/POSITION

ADDRESS CITY COUNTY STATE ZIP

PHONE # FAX # CELL PHONE #

DEALER LICENSE NUMBER STATE EXPIRATION DATE

STATE RESALE (TAX ID) NUMBER STATE

Note: To register as a dealer you must provide the following documentation;

- Copy of current dealers license
- Copy of current resale certificate
- Copy of dealer bond
- Copy of business license

BIDDER AGREEMENT

I have read and understand the Terms and Conditions of Sale as stated on the second page of this form, which is part of this agreement. I understand that if I allow anyone to use my bidder paddle, I will be held personally responsible to all Terms and Conditions of this Agreement. I understand and agree to the Buyer's Premium, Terms and Conditions, of Sale, all applicable taxes and fees, and Buyer's responsibility at acceptance of bid. Sales tax, if applicable, will be charged on the final total hammer price plus premium. All fees are non-transferable and non-refundable.

SIGNATURE (Required) _____ DATE: _____