

Billing Address:

	Send Comp	oleted Form E	Back To Bid@	ClarkeNY.com	or Fax (914) 833-8357
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IML	K -		Bidder #	
IHI				
	2nd #:	·.		
ew Y	Ork opraisers	Pł	IONE BID FORM	
ale Date	Date/Rec'd	Rec'd By	OFFICE USE ONLY	
ame:			CC on File Tax Form on File	
ısiness Name:			Ship Out of State	
one#: Fax:		☐ Left / In-House Bids		
			□ Approved By □ Entered □ P/S	
-	FIRST TIME BIDDER? RECEIVING POSTCARDS?	Yes (Complete <i>Entir</i> Yes No (Complet Yes No		
1. By signin	g this form, the bidder agrees that all purc ie website, including a buyer's premium a	hases are subject to the	Conditions of Sale as stated in the cata	
2. Phone bi	ds must be received 24 hours before the	e sale. Clarke Auction of		
	nd shall not be held responsible for error o dders agree to start their bidding at half th			
4. A deposit	t of 25% of the low end of the estimate is i			
	e 25% deposit. Billing name and address must agree wi	th your Sales Tay Resald	Certificate Invoices cannot be chance	
after the	auction.	•		
	ust be paid and removed within 5 busines			
SIGNATURE	: (Required)			
Addr		ME BIDDERS:		
	ess: / State / Zip:			
	me Phone			
	did you hear about us?	_		
LOT	CATALOG DESCRIPTION	LOT	CATALOG DESCRIPTION	
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16-14 - 20	2			
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	not already on file & valid, is required to sec	-		
Jara #:			CVV2:	