

PROXY BID FORM

Deposit Required

Capital Recovery Group, LLC
 1654 King Street
 Enfield, CT 06082
 TEL: 860/623-9060
 FAX: 860/623-9160

Auction Name: _____

Buyer # _____

COMPANY NAME: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TAX EXEMPT# (IF APPLICABLE): _____ EMAIL: _____

TEL: _____ FAX: _____

Capital Recovery Group is authorized to bid on the following lots up to the price stated. Capital Recovery Group will obtain the article(s) as reasonably as possible (as though I were present, bidding for myself).

All bids shall be treated as offers made subject to the Conditions of Sale.

IMPORTANT: The bidder shall telephone the following day to confirm auction results and make arrangements for the payment and removal. Capital Recovery Group assumes no responsibility for failure to execute these bids for any reason whatsoever.

All sales subject to applicable sales tax.

Lot No.	Qty	Unit Price	Description	\$ Total

Deposit Method: <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Company/Personal Check (with bank's Letter of Guarantee)	_____ Buyer's Premium _____ Sales Tax: Total 25% Deposit
Credit Card: _____ Exp: _____ Security Code: _____	

Buyer's Signature: _____ Date: _____