

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

Buyer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_