HOLTS

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SEALED BID AUCTION COMMISSION BIDDING FORM

Please complete in block capitals		Client No.:	
Last Name:		First Name:	
Company:			
Address:			
Address:			
City / County:			
Post Code:		Country:	
Telephone:			
Mobile:			
Fax:			
Email:			
VAT No. (If Applicable	e):		
Shipping (please tick	as applicable):		
If I am suc	cessful in bidding, I will co	ollect the purchases myself	:
		y with a quote. I agree that	
you may p	ass my details onto a thir	d party Shipping Company	:[
	Bid excluding		Bid excluding
Lot No.	premium	Lot No.	premium
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		derstand that this is a silent aud NDEAVOUR TO EXECUTE THESE	
ANY ERRORS. All bids should I	be submitted at least 24 hours	prior to the auction. New bidde	ers must also provide proof of
		Signing this form I agree that I h If of a third party please use a s	
	owr	n name.	
Signature:		Date:	